

SPLANCHNOLOGY

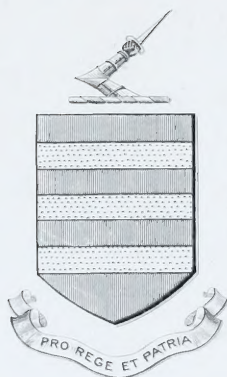


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AN ATLAS
OF
HUMAN ANATOMY
FOR STUDENTS AND PHYSICIANS

BY
CARL TOLDT, M.D.
PROFESSOR OF ANATOMY IN THE UNIVERSITY OF VIENNA

ASSISTED BY
PROFESSOR ALOIS DALLA ROSA, M.D.

Translated from the Third German Edition and adapted to English and American and
International Terminology

BY
M. EDEN PAUL, M.D. BRUX., M.R.C.S., L.R.C.P.

FOURTH SECTION

E. SPLANCHNOLOGY

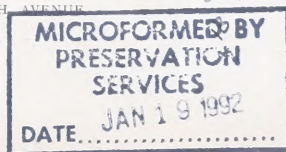
(FIGURES 641 TO 932 AND INDEX)



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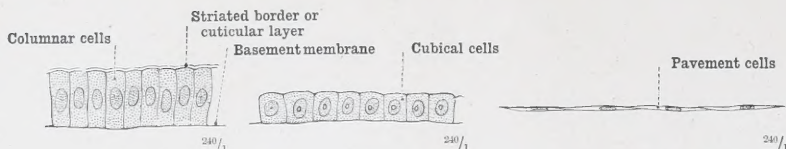
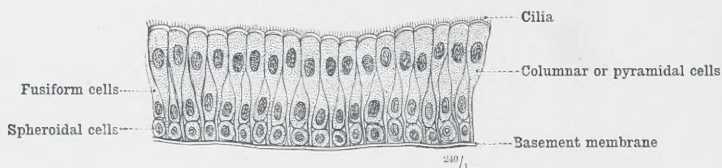
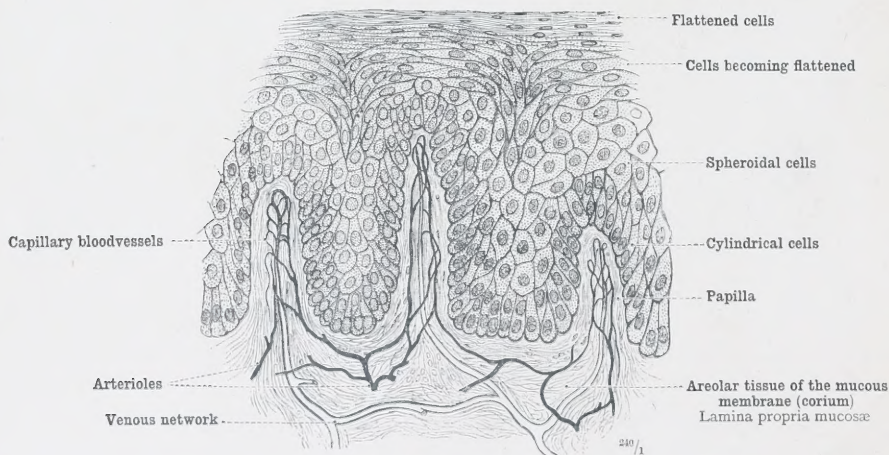


FIG. 641.—COLUMNAR, OR CYLINDER, EPITHELIUM.

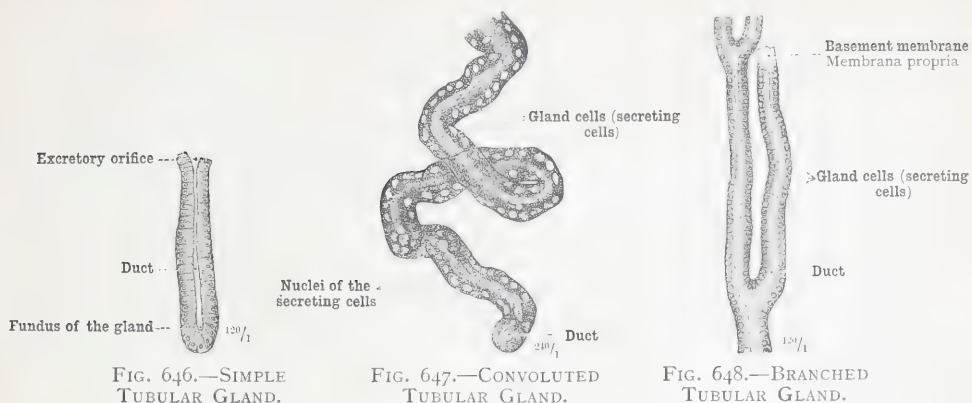
FIG. 642.—CUBICAL EPITHELIUM.

FIG. 643.—PAVEMENT EPITHELIUM.

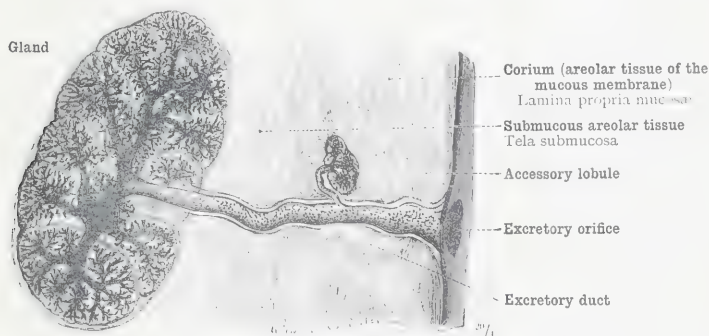
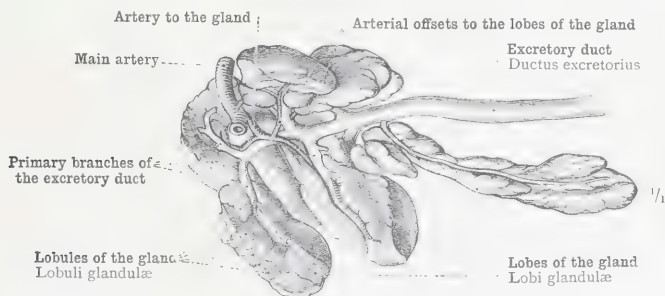
SIMPLE EPITHELIUM¹ IN VERTICAL SECTION.FIG. 644.—TRANSITIONAL¹ COLUMNAR CILIATED EPITHELIUM IN VERTICAL SECTION.FIG. 645.—STRATIFIED EPITHELIUM¹ IN VERTICAL SECTION (MUCOUS MEMBRANE OF THE LOWER LIP).

The bloodvessels of the mucous membrane have been artificially injected.

¹ *Classification of Epithelia.*—An epithelium consisting of a single layer of cells is called a *simple* epithelium, in contradistinction to a *stratified* epithelium, which consists of numerous layers of cells. Where two or three layers of cells only are found, the cells nearer the basement membrane being usually smaller, and dovetailed among the bases of the superficial cells, the epithelium is called *transitional*. Transitional and stratified epithelium are grouped together as *compound* epithelia.—Tr.



GLANDULÆ TUBULOSÆ—TUBULAR GLANDS.

FIG. 649.—RACEMOSE OR ACINOUS GLAND (GLANDULA ALVEOLARIS SIMPLEX¹), THE DUCTS OF WHICH HAVE BEEN INJECTED (LABIAL GLAND).FIG. 650.—RACEMOSE OR ACINOUS GLAND (GLANDULA ALVEOLARIS COMPOSITA¹), THE LOBES OF WHICH HAVE BEEN ARTIFICIALLY ISOLATED AND DRAWN APART (THE SUBMAXILLARY GLAND).

¹ Though the labial gland shown in Fig. 649 is called by the author *glandula alveolaris simplex*, and the submaxillary gland shown in Fig. 650 *glandula alveolaris composita*, both are *compositæ* glands according to the Faghi's terminology, in which a gland is regarded as *simple* only when it consists of a single, unbranched cavity, tubular or saccular, as the case may be.—Tr.

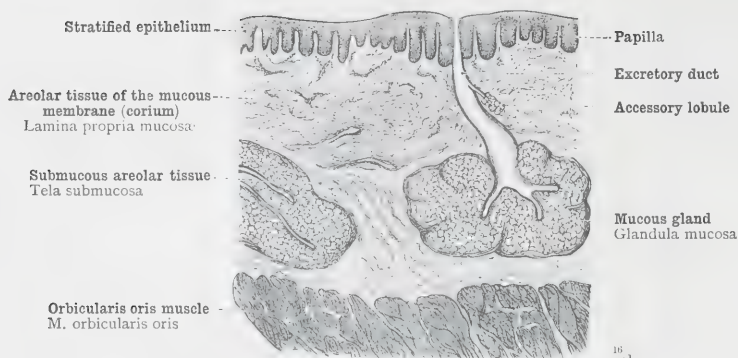


FIG. 651.—MUCOUS MEMBRANE, WITH PAPILLÆ, STRATIFIED EPITHELIUM, AND RACEMOSE GLANDS, IN VERTICAL SECTION (MUCOUS MEMBRANE OF THE LOWER LIP).

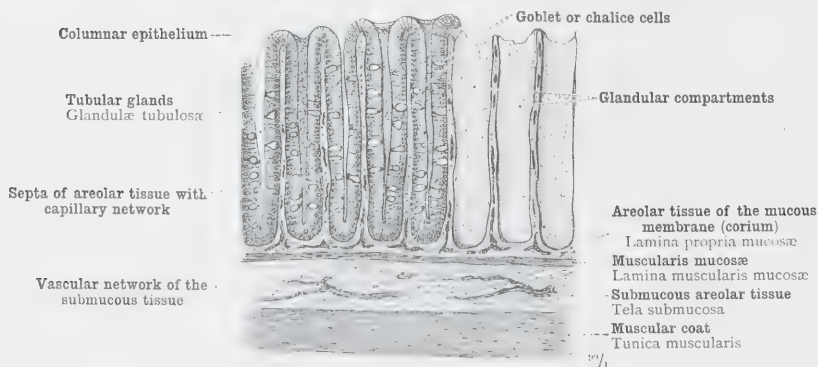


FIG. 652.—MUCOUS MEMBRANE WITH COLUMNAR EPITHELIUM AND TUBULAR GLANDS IN VERTICAL SECTION (MUCOUS MEMBRANE OF THE LARGE INTESTINE).

On the right side of the preparation three of the glands have fallen out, bringing into view the areolar tissue of the mucous membrane (corium) with its compartments for the glands.

Tunica mucosa—Mucous membrane.

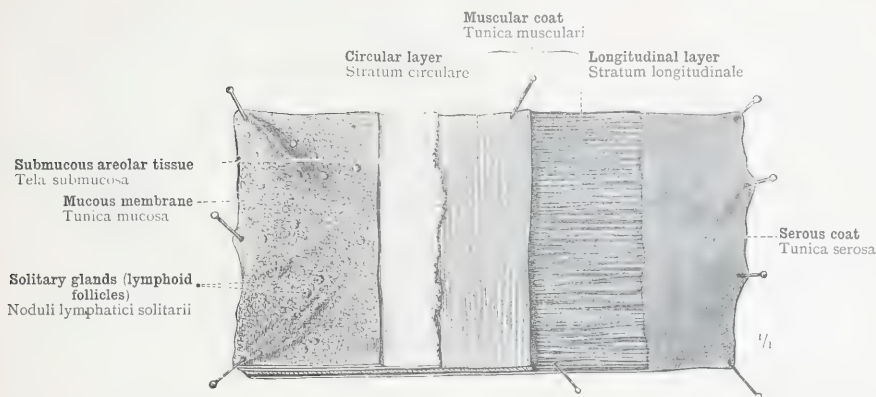


FIG. 653.—THE LAYERS OF THE INTESTINAL WALL SHOWN BY THE REMOVAL OF THE SUCCESSIVE COATS IN A PORTION STRETCHED OUT FLAT.



FIG. 654.—VERTICAL SECTION THROUGH THE WALL OF THE SMALL INTESTINE (INTESTINUM ILEUM) IN THE DIRECTION OF ITS LENGTH. NODULUS LYMPHATICUS SOLITARIUS, SOLITARY GLAND (LYMPHOID FOLLICLE). GLANDULÆ INTESTINALES (LIEBERKUEHNI), CRYPTS OR FOLLICLES OF LIEBERKÜHN (LIEBERKÜHN'S GLANDS).

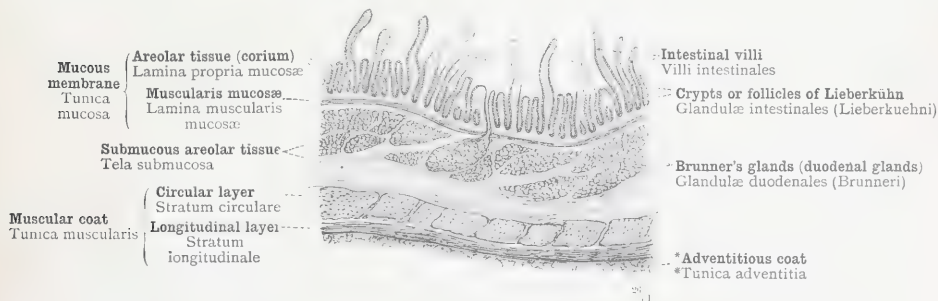


FIG. 655.—VERTICAL SECTION THROUGH THE WALL OF THE DUODENUM IN THE DIRECTION OF ITS LENGTH. GLANDULÆ DUODENALES (BRUNNERI), BRUNNER'S GLANDS (DUODENAL GLANDS).

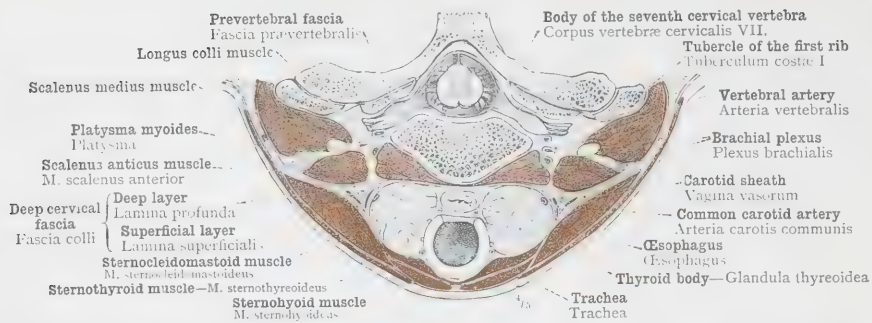


FIG. 656.—VISCUS, THE OUTER SURFACE OF WHICH IS THROUGHOUT CONNECTED WITH THE WALL OF THE BODY-CAVITY (CÆLOM) BY MEANS OF AREOLAR TISSUE. HORIZONTAL SECTION THROUGH THE LOWER PART OF THE NECK. SEMI-DIAGRAMMATIC.

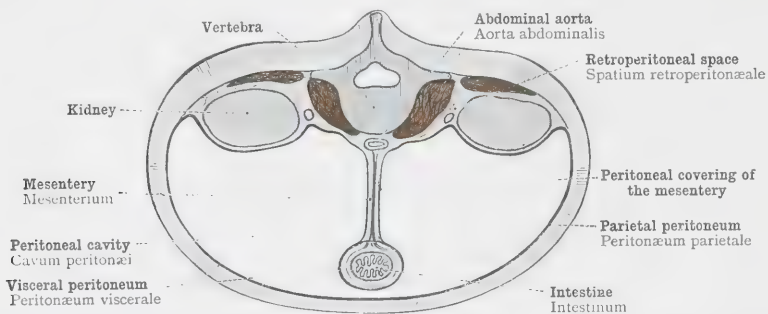


FIG. 657.—PORTION OF INTESTINE, FREELY MOBILE, THE OUTER SURFACE HAVING A SEROUS INVESTMENT (TUNICA SEROSA). CONNECTED WITH THE WALL OF THE BODY-CAVITY (CÆLOM) BY MEANS OF A FREE MESENTERY. PARIETAL AND VISCERAL LAYERS OF THE PERITONEUM. DIAGRAMMATIC.

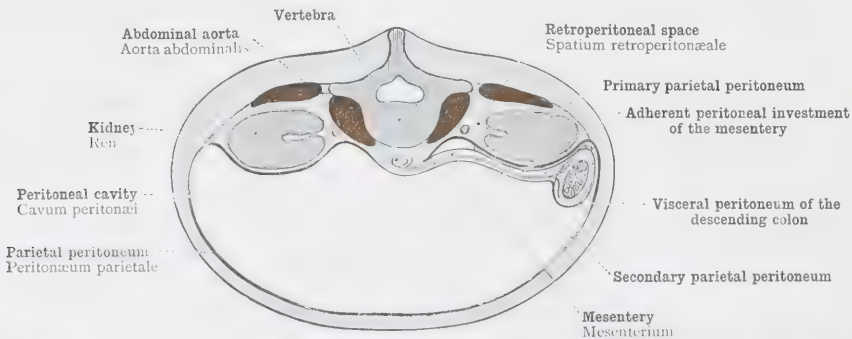


FIG. 658.—SECONDARY ADHESION TO THE BODY-WALL OF A PORTION OF INTESTINE, ORIGINALLY FREELY MOBILE. PRIMARY AND SECONDARY PARIETAL PERITONEUM. DIAGRAMMATIC.

Relations of the Viscera to the Body-Wall.

APPARATUS DIGESTORIUS
THE ORGANS OF DIGESTION

CEPHALIC AND CERVICAL PORTIONS
OF THE
DIGESTIVE ORGANS

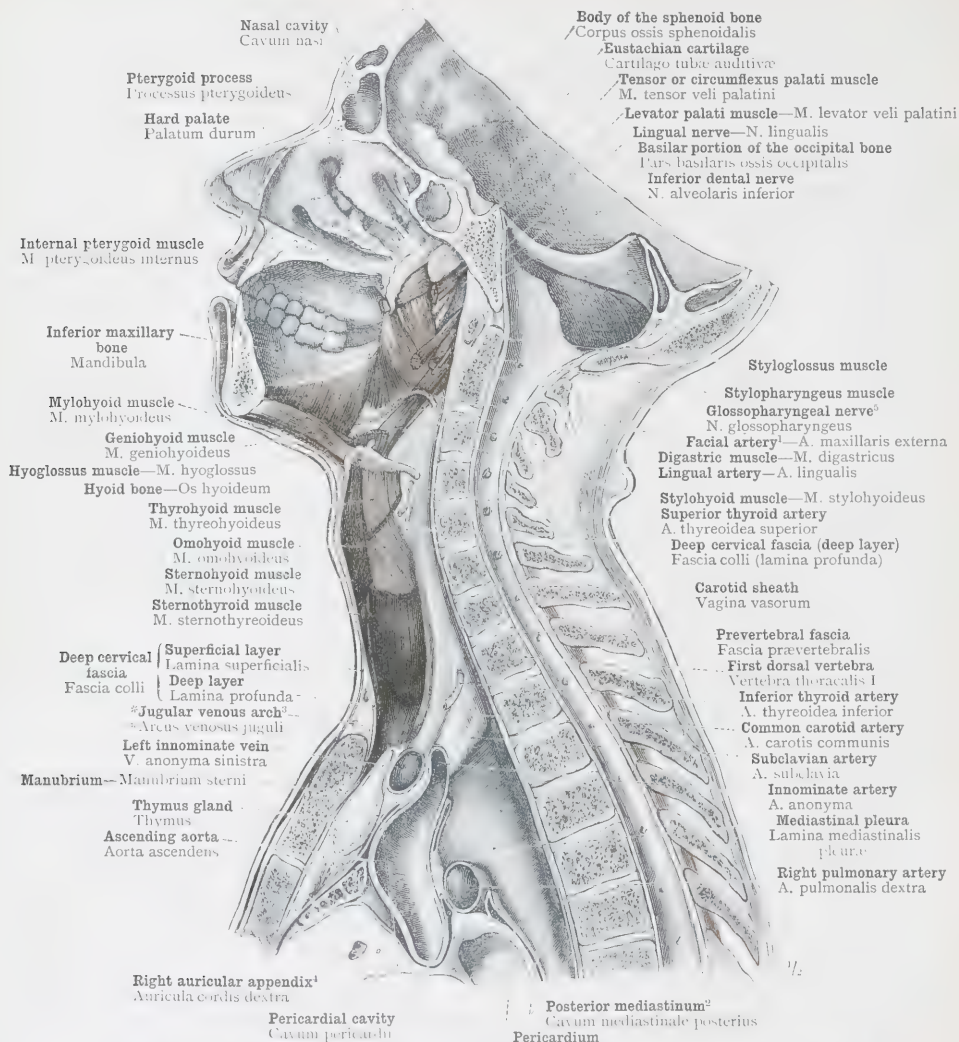
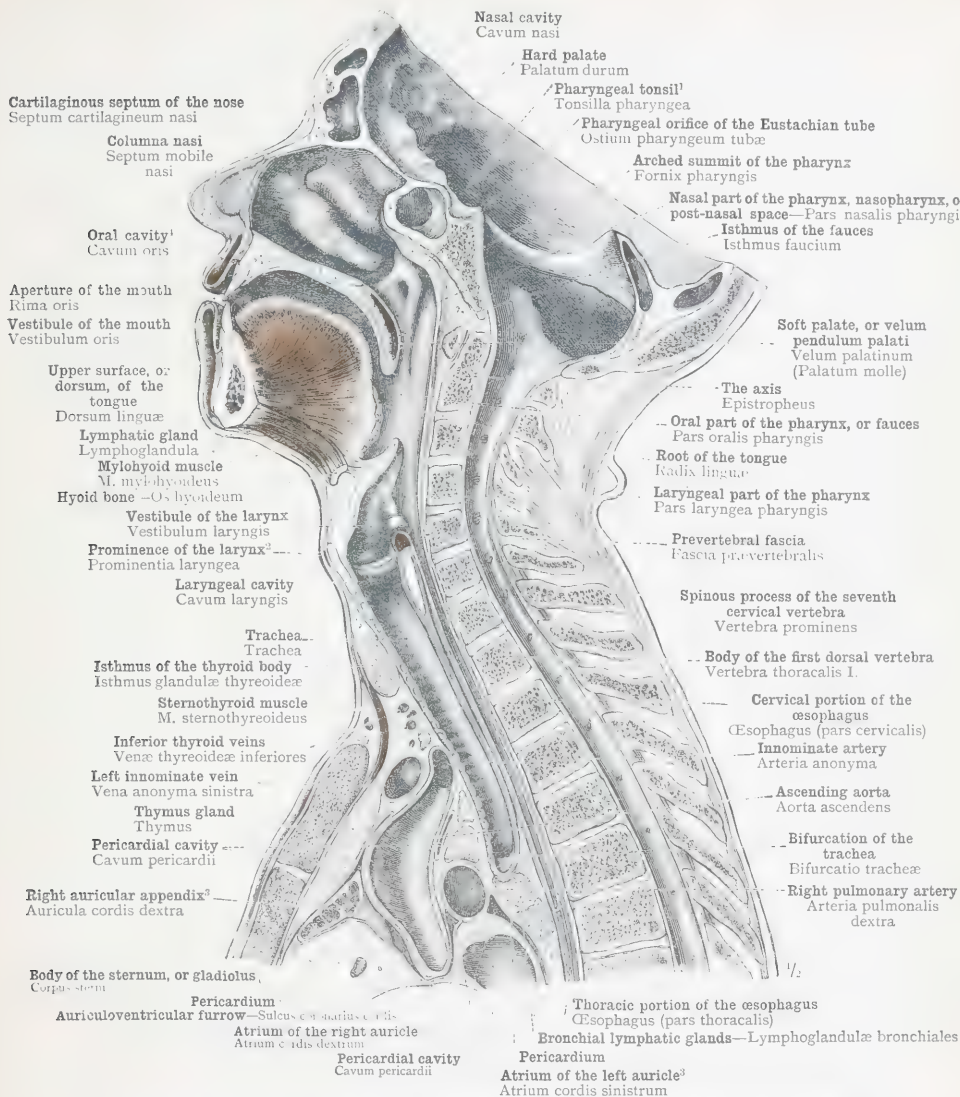


FIG. 95. VISCERAL CAVITY (CELOM) OF THE HEAD AND NECK, AND ITS CONNECTION WITH THE VISCERAL CAVITY (CELOM) OF THE THORAX, IN MEDIAN SAGITTAL SECTION, FROM A WELL-HARDENED BODY, DIVIDED VERTICALLY IN THE MEDIAN PLANE, WITH THE VISCERA REMOVED. RIGHT SIDE.

Cavum viscerale capitis et colli—Visceral cavity (celom) of the head and neck.



¹ Known also as *Lincol's gland* or *Lincol's tonsil* (third tonsil). This combines with the *tonsil proper* (amygdala, tonsilla palatina) and the *lingual tonsil* (fourth tonsil, see note 1 to p. 407) to form a ring of lymphoid tissue around the summit of the larynx, the continuity of which in the earlier stages of development is almost unbroken. It has been called by Waldeyer the *lymphoid faucial ring*.—Tr.

² Or *os hyoideum*.

³ On the Continent, the signification of the term *auricula* is restricted to its proper and primitive meaning, denoting what in England is usually called the *auricular appendix*; whilst the main cavity, in England usually misnamed *auricle*, is by the author called *atrium*. As the name *auricle* was originally given to the *appendix* owing to its resemblance in shape to the triangular external ear with pointed tip of many animals, it is obvious that the Continental usage is to be preferred.—Tr.

⁴ See note 1 to p. 411.

FIG. 660.—CEPHALIC AND CERVICAL VISCERA, AND THEIR PASSAGE INTO THE THORACIC CAVITY, IN MEDIAN SAGITTAL SECTION.

Viscera capitis et colli—Cephalic and cervical viscera.



¹ The upper or bony part of the dorsum of the nose is often spoken of as the *bridge*.—Th.

² At its upper extremity the nasolabial sulcus is continued on to the side of the nose, above the ala, and is here termed the *alar sulcus*.—Th.

FIG. 661.—PARTS OF THE FACE HAVING RELATION TO THE VISCERA. FROM THE PHOTOGRAPH OF A YOUNG MAN.

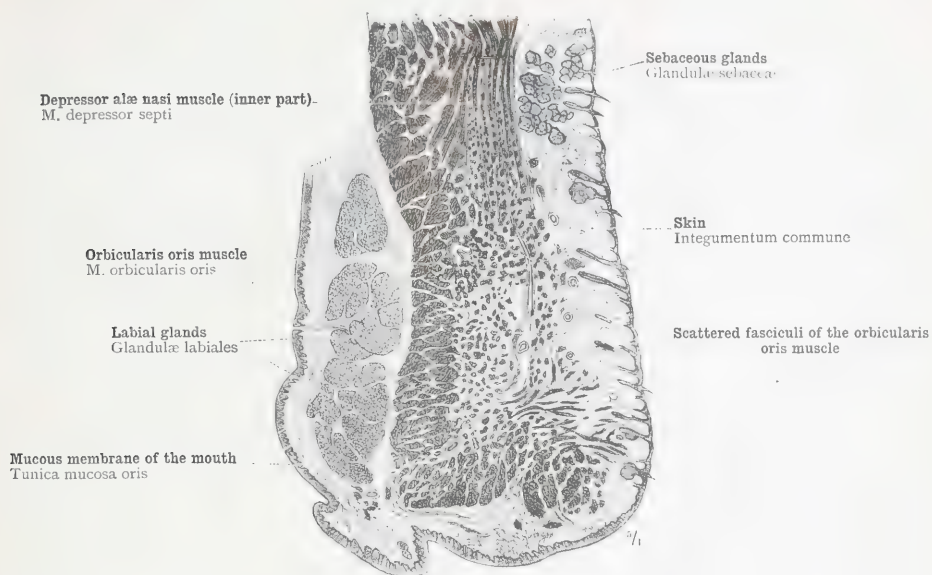
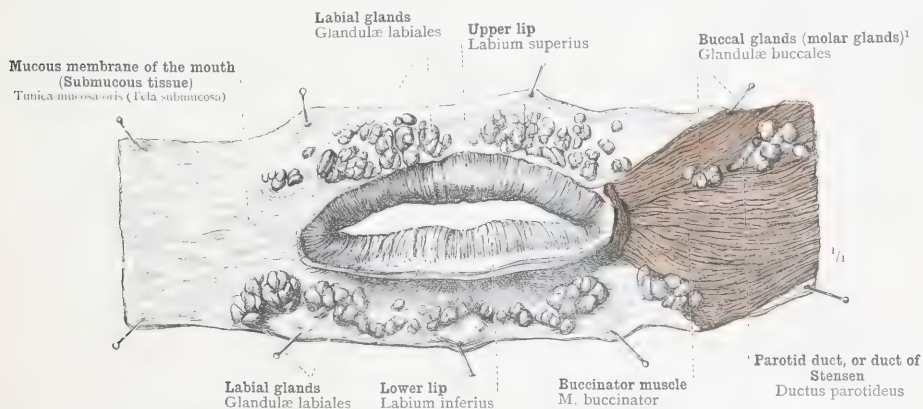


FIG. 662.—SAGITTAL SECTION THROUGH THE MIDDLE OF THE UPPER LIP, SHOWING ITS LAYERS, AND THE TRANSITION OF THE SKIN INTO THE MUCOUS MEMBRANE OF THE MOUTH.

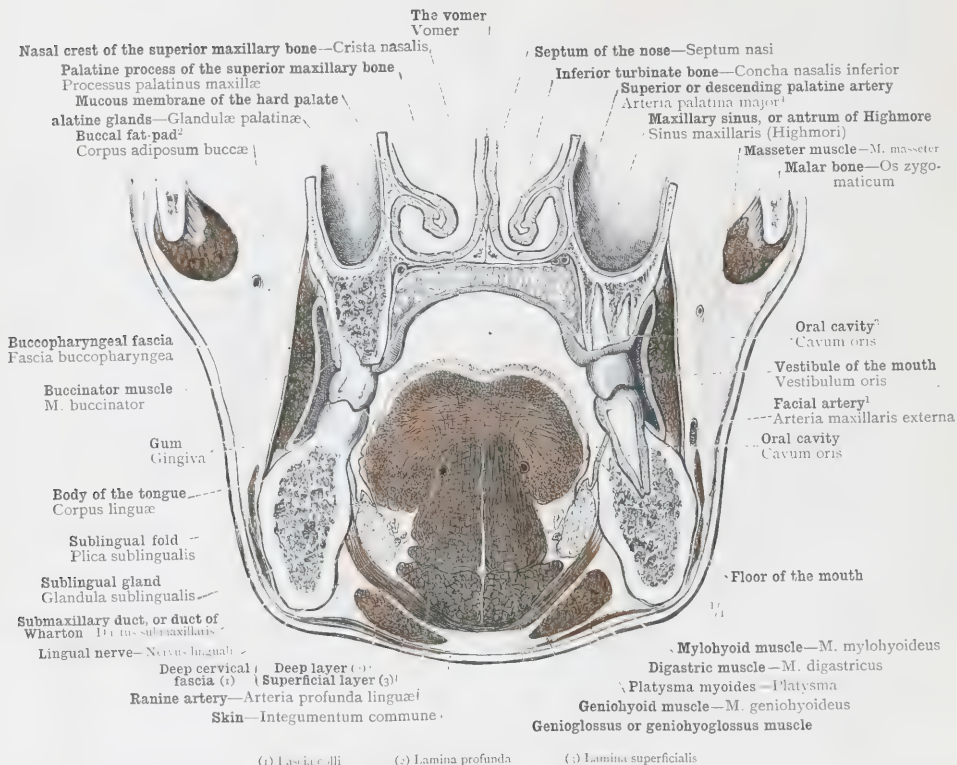


¹ Some of the buccal glands lie between the buccinator muscle and the mucous membrane and the cheek. Those here figured, however, larger than the rest, are between the buccinator and masseter muscles. They open by separate ducts near the last molar tooth, and are distinguished as molar glands.—Tr.

FIG. 663.—MUCOUS GLANDS OF THE LIPS AND THE CHEEKS, LABIAL AND BUCCAL (MOLAR) GLANDS, LAID BARE BY THE REMOVAL OF THE SKIN, THE ORBICULARIS ORIS, AND THE ADJACENT MUSCLES. THE MUCOUS MEMBRANE IS SEEN FROM BEFORE.

On the left side the buccinator muscle has not been removed.

Labia oris—The lips.



¹ See note 1 to p. 410.

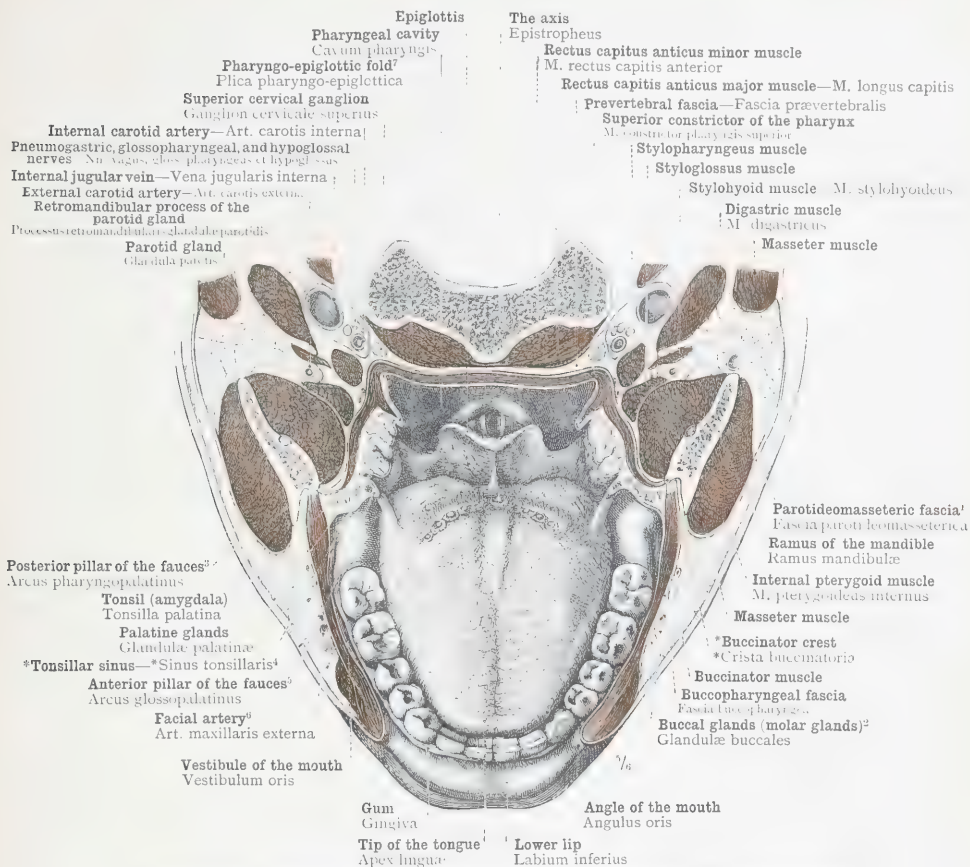
² Sometimes, but inappropriately, named the *sucking-pad*.—Tr.

³ A large cavity, such as here represented, does not usually exist in the mouth. Normally when the mouth is closed the dorsum of the tongue is almost in apposition with the palate, being separated from it only by a narrow slit.—Tr.

¹ *Arteria Palatina Major*.—This tongue is given by the author to the *superior or descending palatine artery, arteria palatina descendens*, after its emergence on to the inferior surface of the hard palate.—Tr.

FIG. 664.—CORONAL SECTION THROUGH THE FACE BETWEEN THE FIRST AND SECOND MOLAR TEETH. WALLS OF THE ORAL CAVITY: UPPER WALL, OR ROOF OF THE MOUTH, CONSISTING OF THE HARD PALATE, PALATUM DURUM; LOWER WALL, OR FLOOR OF THE MOUTH, WITH THE SUBLINGUAL GLAND; LATERAL WALLS OF THE MOUTH, FORMED BY THE MUCOUS MEMBRANE OF THE CHEEKS. CAVUM ORIS, ORAL CAVITY, THE INTERIOR OF THE MOUTH (see note ³ above); VESTIBULUM ORIS, THE VESTIBULE OF THE MOUTH. THE DIAPHRAGMA ORIS, FORMED BY THE TWO MYLOHYOID MUSCLES AND STRENGTHENED BY THE TWO GENIOHYOID MUSCLES. SEEN FROM BEFORE.

Cavum oris—The oral cavity.



¹ In Fig. 661 the portion of the deep cervical fascia covering the parotid gland is usually distinguished as the *parotid fascia*; that covering the masseter muscles as the *masseteric fascia*.—Tr.

² See note ¹ to p. 413.

³ Also known as the *posterior palatine*, or *pharyngopalatine*, arch.

⁴ *Sinus Tonsillaris*.—"The tonsil, in the fetus, develops in a depression between the pillars of the fauces, called the 'tonsillar sinus.' As a rule this depression is not completely filled by the tonsil when that organ has attained its full size, and there usually remains above the tonsil a triangular hollow, the *supratonsillar fossa*, which persists throughout adult life. In front of and behind the tonsil the pillars of the fauces may either remain distinct, with a groove of variable depth, the remains of the *tonsillar sinus*, between them and the tonsil; or else the tonsil may become united with one or both the pillars, in which case a portion of the latter, by becoming converted into lymphoid tissue, comes to form an actual constituent part of the tonsil."—Von Langer and Toldt's "Anatomy," 7th ed., p. 429. (Pl. 676, p. 11, shows such an adhesion between the tonsil and the posterior pillar of the fauces).—Tr.

⁵ Known also as the *anterior palatine*, or *glossopalatine*, arch.

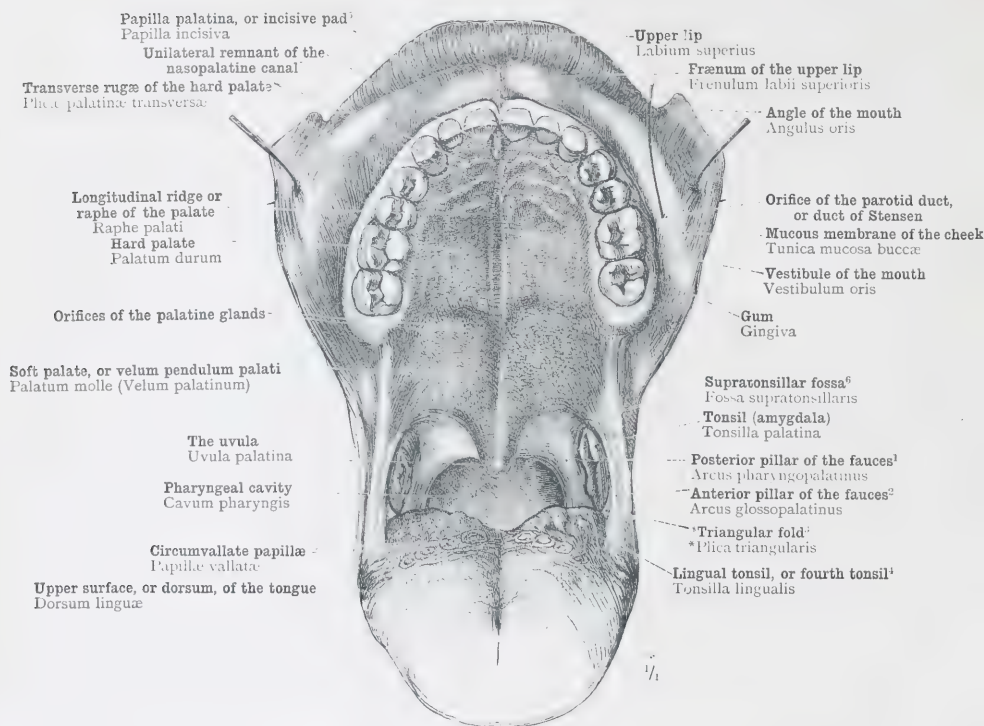
⁶ See note ¹ to p. 413.

⁷ *Plica pharyngo-epiglottica*. Three folds of mucous membrane pass from each side of the epiglottis to a lacunar structure. The *lateral glosso-epiglottic fold* (Fig. 673, p. 419, and Fig. 778, p. 461) passes forwards to the side of the tongue; the *aryteno-epiglottic fold* (Fig. 778, p. 461) passes backwards and inwards to the epiglottis; and the *pharyngo-epiglottic fold*, between these, passes outwards to the lateral wall of the pharynx. It forms the boundary between the oral and the laryngeal part of the pharynx. Beneath the mucous membrane is a thin strand of fibrous tissue, connecting the side of the epiglottis with the lower border of the Eustachian cartilage. This is the *pharyngo-epiglottic ligament*.—Tr.

FIG. 665.—LOWER WALL OF THE ORAL CAVITY, OR FLOOR OF THE MOUTH, WITH THE TONGUE AND THE LOWER LIP, AND THE MIDDLE OR ORAL PORTION OF THE PHARYNX (FAUCES), SEEN FROM ABOVE.

The cheeks, the tonsils with the palatine arches (pillars of the fauces), and the lateral and posterior walls of the pharynx, have been divided horizontally, likewise the rami of the mandible with the muscles attached thereto, and the parotid glands.

Cavum oris—The oral cavity.



¹ Also known as the *anterior palatine*, or *pharyngopalatine*, arch.

² Also known as the *anterior palatine*, or *glossopalatine*, arch.

³ *Triangular fold*.—This is included between the two limbs into which the anterior pillar of the fauces divides as it approaches the side of the tongue. It should be noted that the name *plica triangularis* has been applied to another fold of mucous membrane, viz., to that covering the *fossa supratonsillaris*.—Tr.

⁴ *Lingual tonsil*.—This name is sometimes given to the group of lymphoid follicles found on each side of the dorsum of the tongue at its base, behind the row of circumvallate papillæ. See also note 1, p. 417.—Tr.

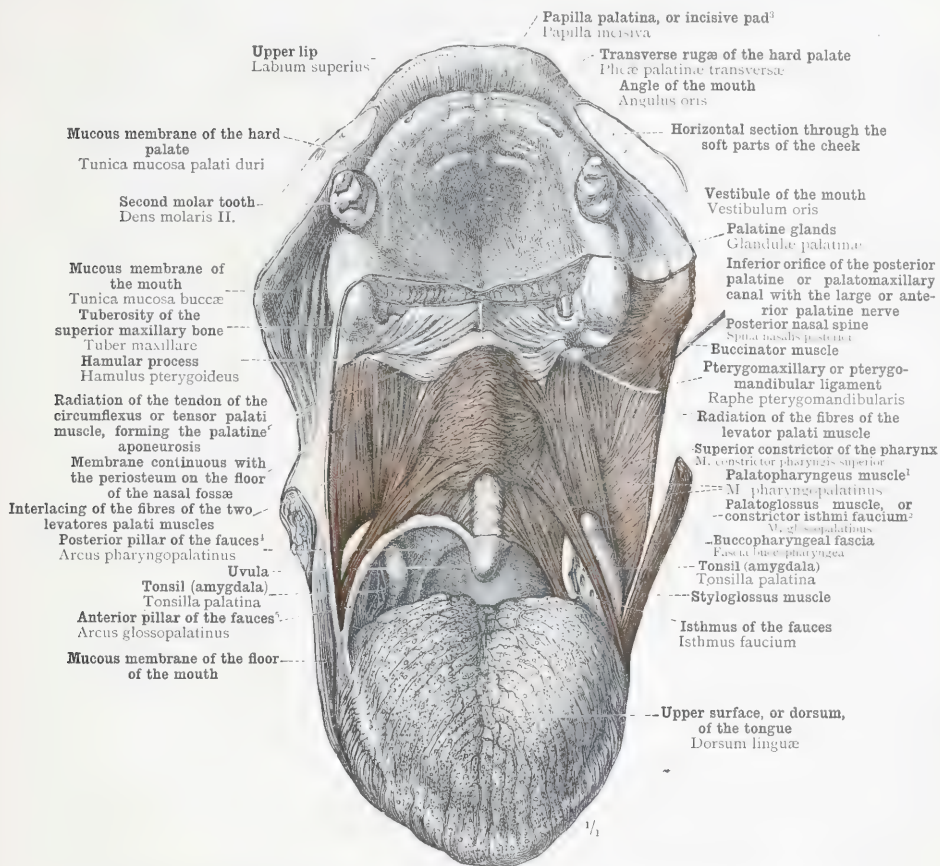
On the *papilla palatina* or *incisive pad* may be found on one or both sides a blind recess, constituting the remnant of the canal which in many animals in this situation leads from the mouth to the nose, and known variously as the *nasal canal*, *nasopalatine canal*, *canal of Stensen*, *foramen nasale*. In man this canal is usually represented by a strand of connective tissue which runs from the recess in the incisive pad upwards through the incisor or anterior palatine canal (canal of Stensen) of the superior maxillary bone to the floor of the nasal fossæ.—Tr.

⁵ See note 1, p. 417.

FIG. 666.—UPPER WALL OF THE ORAL CAVITY, OR ROOF OF THE MOUTH, WITH THE UPPER LIP, AND THE PASSAGE (ISTHMUS FAUCIUM) FROM THE MOUTH INTO THE ORAL PORTION OF THE PHARYNX (THE FAUCES). PALATUM DURUM, THE HARD PALATE; PALATUM MOLLE, THE SOFT PALATE, OR VELUM PENDULUM PALATI, WITH THE UVULA; ARCUS GLOSSOPALATINUS, THE ANTERIOR PILLAR OF THE FAUCES, KNOWN ALSO AS THE ANTERIOR PALATINE OR GLOSSOPALATINE ARCH; ARCUS PHARYNGOPALATINUS, THE POSTERIOR PILLAR OF THE FAUCES, KNOWN ALSO AS THE POSTERIOR PALATINE OR PHARYNGOPALATINE ARCH; TONSILLA PALATINA, THE TONSIL (AMYGDALA).

After the removal of the lower jawbone, the palate was placed in an almost vertical position, and the tongue drawn downwards as far as possible; hence the anterior pillar of the fauces is much stretched.

Cavum oris—The oral cavity.



¹ This muscle occupies the posterior pillar of the fauces.—Tr.

² This muscle occupies the anterior pillar of the fauces.—Tr.

³ See note 3 to p. 416.

⁴ Known also as the posterior palatine, or pharyngopalatine, arch.

⁵ Known also as the anterior palatine, or glossopalatine, arch.

FIG. 667.—MUSCLES OF THE SOFT PALATE AND OF THE PILLARS OF THE FAUCES OR PALATINE ARCHES, SEEN FROM BEFORE. APONEUROTIC EXPANSION OF THE TENDON OF THE CIRCUMFLEXUS OR TENSOR PALATI MUSCLE (ATTACHED IN FRONT TO THE TRANSVERSE RIDGE ON THE LOWER SURFACE OF THE PALATE BONE, AND FORMING POSTERIORLY THE PALATINE APONEUROSIS); RETIFORM INTERLACEMENT OF THE FIBRES OF THE TWO LEVATORES PALATI MUSCLES.

On the left side the mucous membrane has been removed to show the connexion of the buccinator muscle with the superior constrictor of the pharynx through the intermediation of the pterygomaxillary or pterygomandibular ligament. The parts were prepared as in Fig. 666.

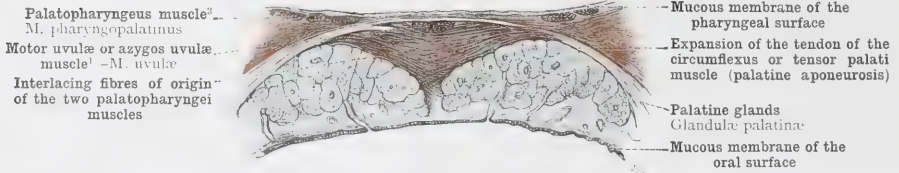


FIG. 668.—TRANSVERSE SECTION THROUGH THE UPPERMOST PORTION OF THE SOFT PALATE, IN THE REGION OF THE APONEUROTIC EXPANSION OF THE CIRCUMFLEXUS OR TENSOR PALATI MUSCLE.

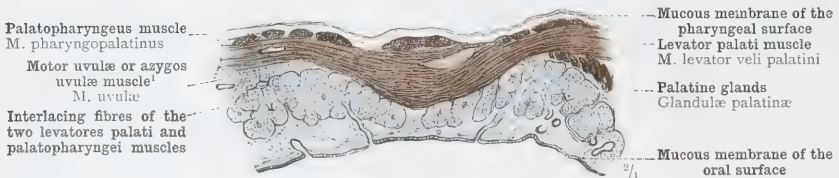


FIG. 669.—TRANSVERSE SECTION THROUGH THE SOFT PALATE MIDWAY BETWEEN ITS ATTACHED AND FREE EXTREMITIES, IN THE REGION OF THE LEVATOR PALATI MUSCLE.

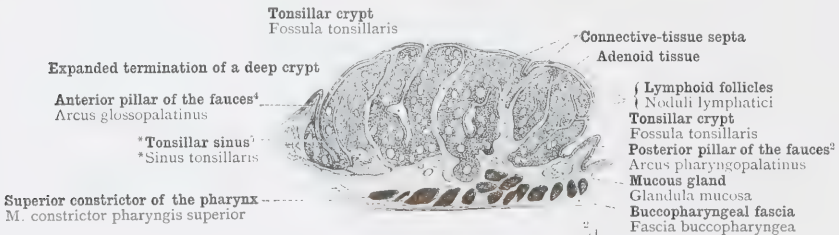


FIG. 670.—HORIZONTAL SECTION THROUGH A LARGE PROJECTING TONSIL (TONSILLA PALATINA) AND THROUGH THE PILLARS OF THE FAUCES. (FROM AN EXECUTED MALE CRIMINAL, AGED TWENTY-TWO YEARS.)

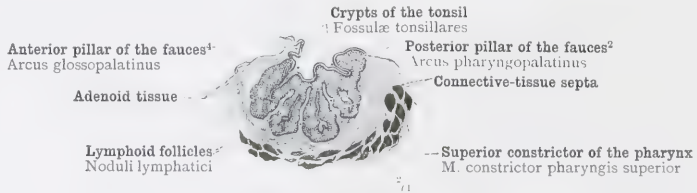


FIG. 671.—HORIZONTAL SECTION THROUGH A SMALL SUNKEN TONSIL (TONSILLA PALATINA) AND THROUGH THE PILLARS OF THE FAUCES. (FROM A FEMALE, AGED FIFTY-TWO YEARS.)

The posterior pillar is united with the tonsil.⁵

¹ The name *motor uvulae*, suggested by Macalister, is to be preferred to the old and more familiar name *azygos uvulae*, which was given to the muscle when it was erroneously supposed to be a single median muscle. The known also as the *posterior palatine*, or *pharyngopalatinus*, arch.
² See note 1 to p. 417.
³ Known also as the *anterior palatine*, or *glossopalatinus*, arch.
⁴ See note 4 to p. 415.

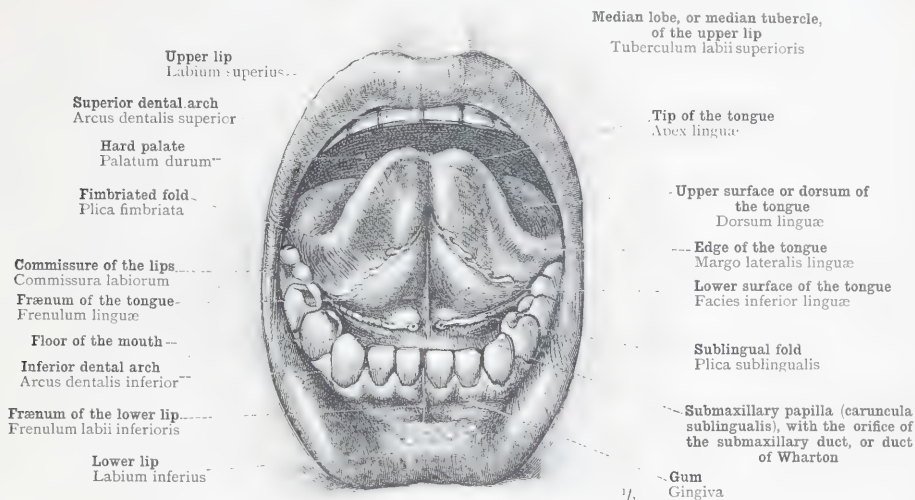
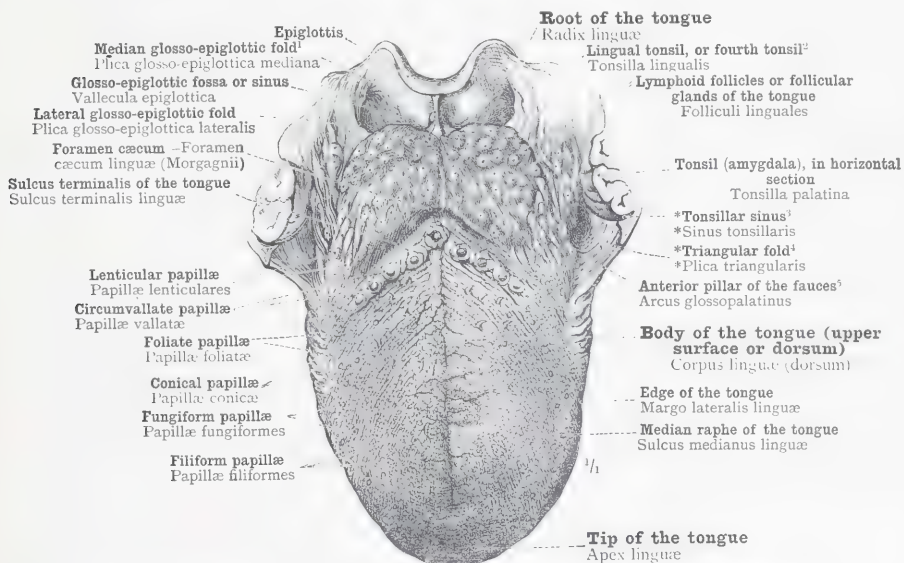


FIG. 672.—THE MOUTH, WIDELY OPENED, WITH THE TIP OF THE TONGUE DRAWN UPWARDS, TO SHOW THE FRÆNUM LINGUE, THE SUBLINGUAL FOLD, THE SUBMAXILLARY PAPILLA (CARUNCULA SUBLINGUALIS), AND THE FIMBRIATED FOLD.



* Or *foramen epiglottidis*.

See note to p. 416.

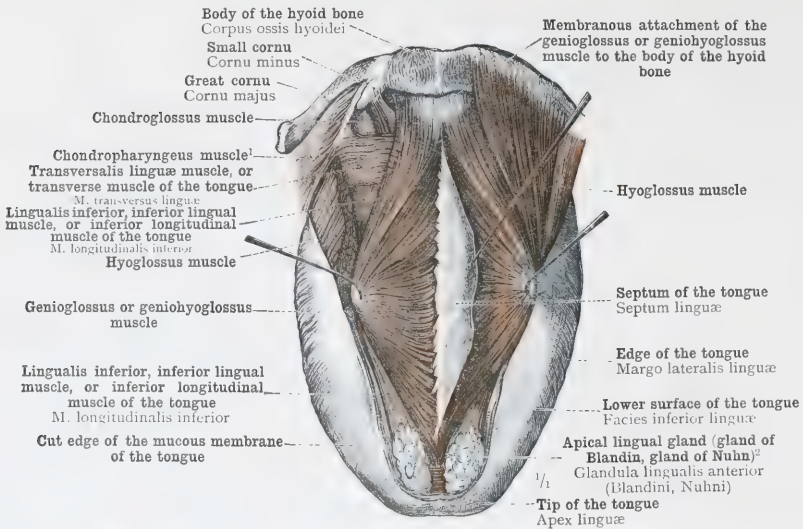
See note to p. 416, and note to p. 417.

Known also as the *anterior palatine*, or *glossopalatine*, arch.

See note to p. 415.

FIG. 673.—THE TONGUE, LINGUA, WITH THE EPIGLOTTIS: RADIX LINGUÆ, THE ROOT OF THE TONGUE; DORSUM LINGUÆ, THE UPPER SURFACE OF THE TONGUE; APEX LINGUÆ, THE TIP OF THE TONGUE.

Cavum oris—The oral cavity.

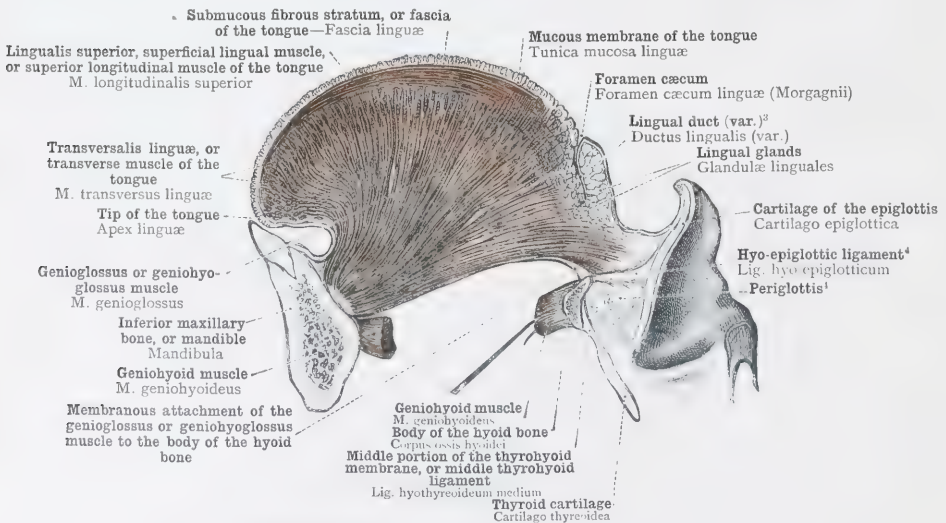


¹ Chondropharyngeus Muscle.—See Fig. 706, p. 437, and note ¹ to same page.

² This is not a single gland on each side, but a group of glands aggregated into a small oblong mass. Most of the glands are acinotubular.—Th.

FIG. 674.—MUSCLES OF THE TONGUE WITH THE SEPTUM LINGUÆ AND THE APICAL LINGUAL GLANDS (GLANDS OF BLANDIN OR NUHN, GLANDULÆ LINGUALES ANTERIORES).

On the left side the hyoglossus muscle has been removed, to display the chondroglossus and transversalis linguae muscles.



¹ See Appendix, note 1.

⁴ See Appendix, note 2.

FIG. 675.—THE TONGUE, WITH THE INFERIOR MAXILLARY BONE, THE HYOID BONE, AND THE EPIGLOTTIS, IN SAGITTAL SECTION. MUSCLES AND MUCOUS MEMBRANE OF THE TONGUE; GLANDULÆ LINGUALES, LINGUAL GLANDS; DUCTUS LINGUALIS, LINGUAL DUCT.

The larynx has been drawn somewhat away from the tongue.

Cavum oris—The oral cavity.

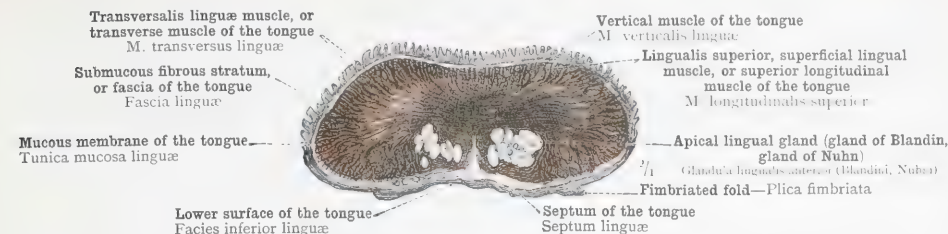


FIG. 676.—CORONAL SECTION THROUGH THE TIP OF THE TONGUE. GLANDULA LINGUALIS ANTERIOR, APICAL LINGUAL GLAND (GLAND OF BLANDIN, GLAND OF NUHN).

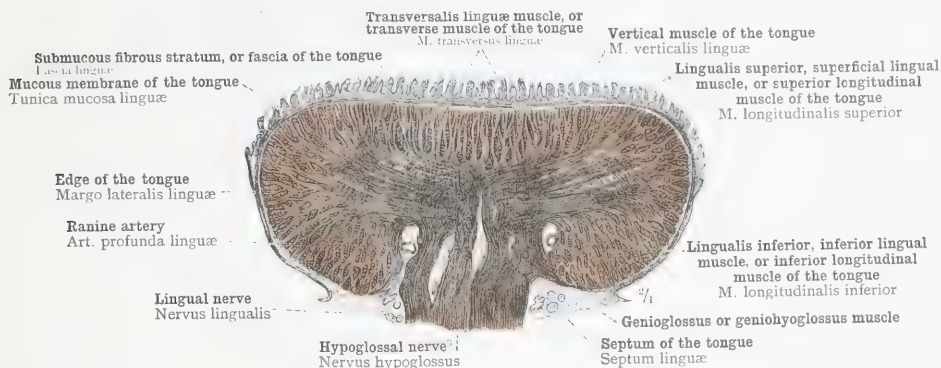


FIG. 677.—CORONAL SECTION THROUGH THE BODY OF THE TONGUE.

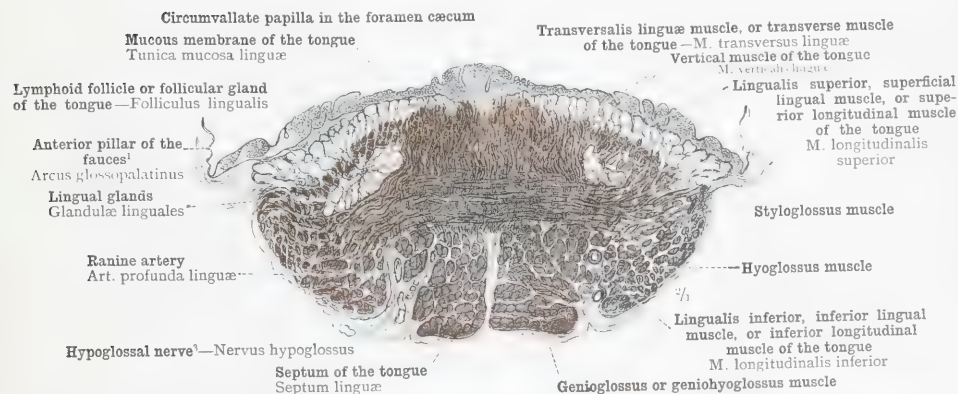


FIG. 678.—CORONAL SECTION THROUGH THE MOST ANTERIOR PORTION OF THE ROOT OF THE TONGUE. LINGUAL GLANDS.

The section passes through a circumvallate papilla which in this specimen occupies the site of the foramen cæcum.

THE ARRANGEMENT OF THE MUSCLES OF THE TONGUE, AS DISPLAYED BY CORONAL SECTIONS THROUGH THE ORGAN.²

¹ Known also as the anterior palatine, or glossopalatin, arch.

² Macalister speaks of the intrinsic muscles of the tongue as strata, four in number, viz., stratum longitudinalis inferius, stratum longitudinalis superior, stratum transversum, and stratum pericardiacum.—Tr.

³ Or twelfth cranial nerve, in Siemering's enumeration; ninth cranial nerve, in that of Wallis. Sometimes known as the lingual motor nerve.—Tr.

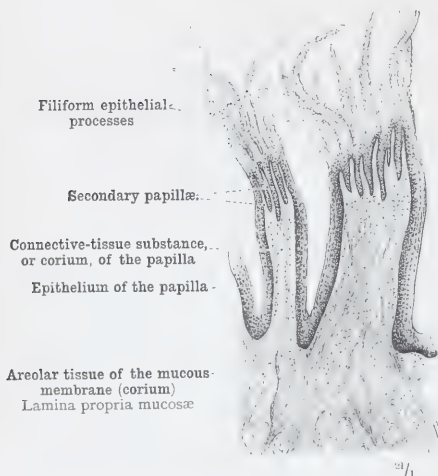


FIG. 679.—PAPILLÆ FILIFORMES, FILIFORM PAPILLÆ OF THE TONGUE. VERY LARGE FORM, WHICH PROJECTS MARKEDLY FROM THE SURFACE. LONGITUDINAL SECTION.

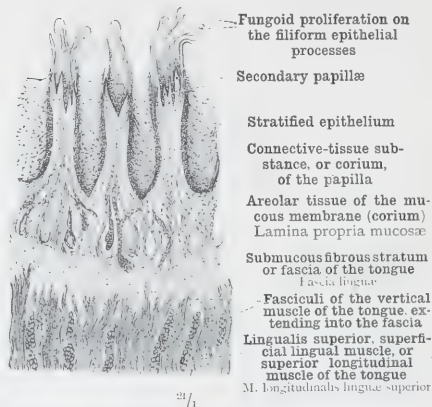


FIG. 680.—PAPILLÆ FILIFORMES, FILIFORM PAPILLÆ OF THE TONGUE. SMALL FORM, WHICH PROJECTS BUT SLIGHTLY FROM THE SURFACE. LONGITUDINAL SECTION.

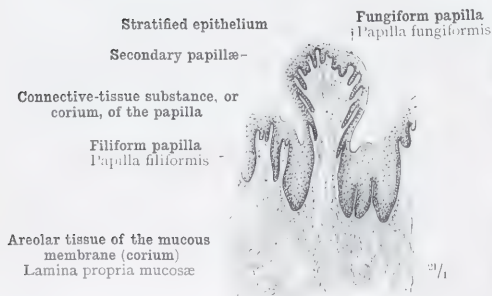


FIG. 681.—PAPILLA FUNGIFORMIS, FUNGIFORM PAPILLA OF THE TONGUE, IN LONGITUDINAL SECTION.

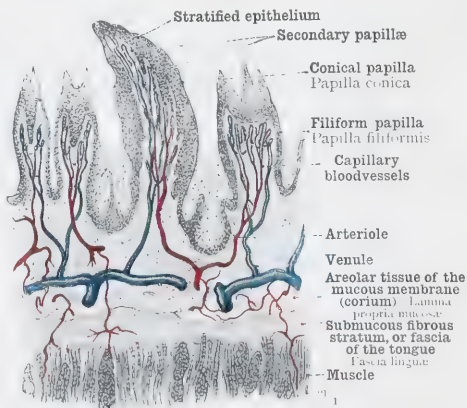


FIG. 682.—PAPILLA CONICA, CONICAL PAPILLA OF THE TONGUE, AMONG FILIFORM PAPILLÆ, IN LONGITUDINAL SECTION.

The bloodvessels of the mucous membrane have been injected: the arteries, red; the veins, blue.



FIG. 683.—PAPILLA VALLATA, CIRCUMVALLATE PAPILLA OF THE TONGUE, IN LONGITUDINAL SECTION.

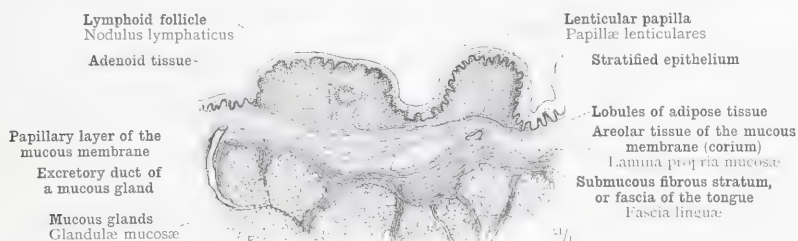


FIG. 684.—TWO LENTICULAR PAPILLÆ OF THE TONGUE, IN LONGITUDINAL SECTION.

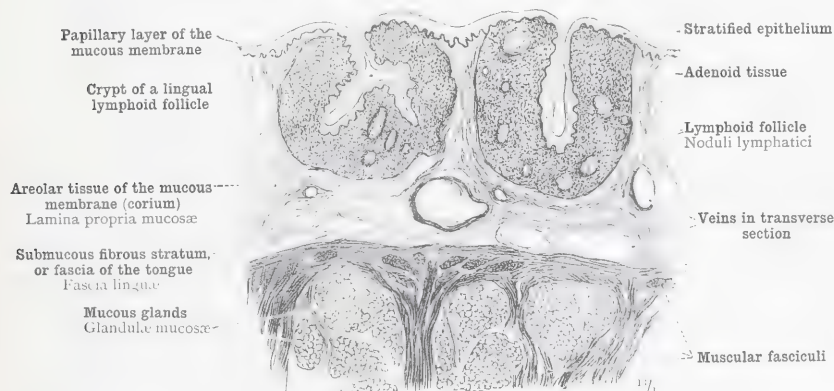


FIG. 568.—TWO LINGUAL LYMPHOID FOLLICLES, OR FOLLICULAR GLANDS OF THE TONGUE, IN LONGITUDINAL SECTION.

Cavum oris—The oral cavity.

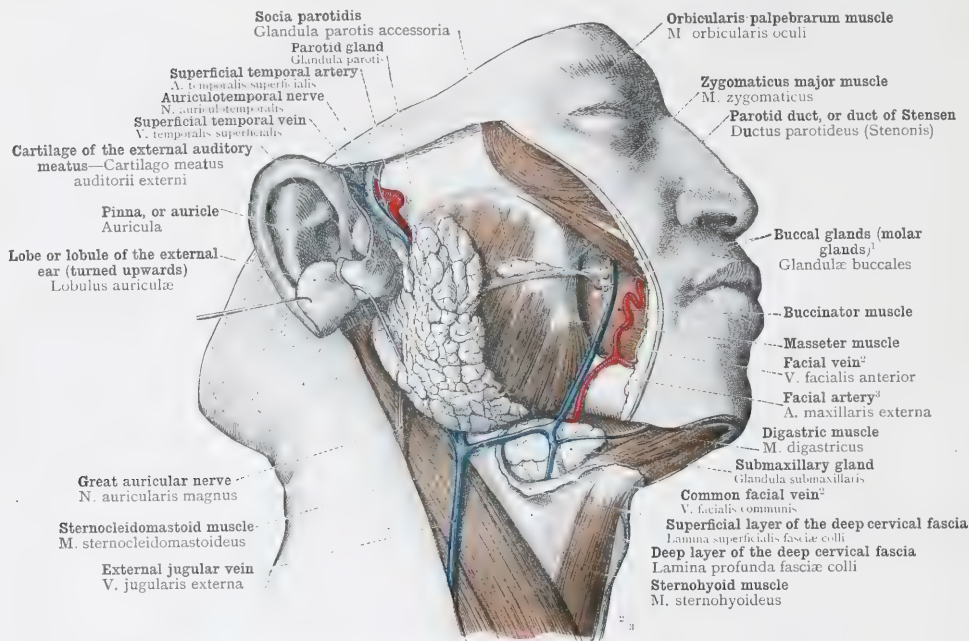
¹ See note ¹ to p. 423.² In the author's nomenclature, the *facial vein* and the *temporomaxillary vein* of English anatomists are termed *anterior* and *posterior facial*, respectively, and the short trunk formed by the union of the facial vein with the anterior division of the temporomaxillary vein is termed the *common facial vein*.—Tr.³ See note ¹ to p. 423.

FIG. 686.—GLANDULA PAROTIS, THE PAROTID GLAND; GLANDULA SUBMAXILLARIS, THE SUBMAXILLARY GLAND. RIGHT SIDE.

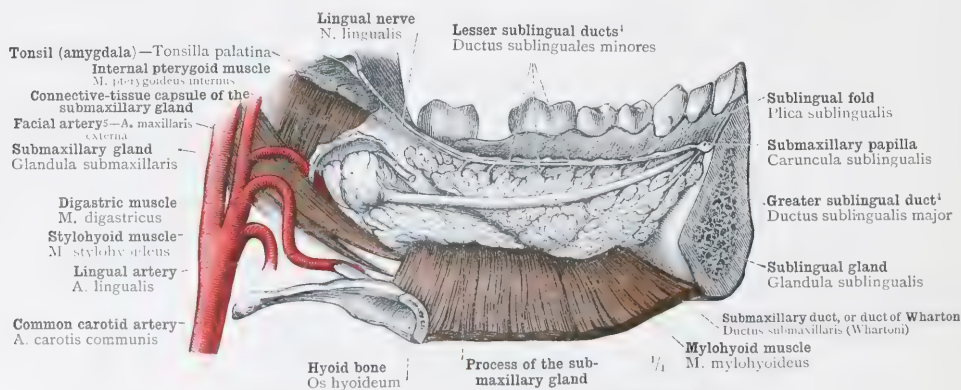
¹ See Appendix, note 3.² See note ¹ to p. 423.

FIG. 687.—GLANDULA SUBLINGUALIS, THE SUBLINGUAL GLAND, WITH A PORTION OF THE SUBMAXILLARY GLAND, SEEN FROM THE INNER (ORAL) SIDE. EXCRETORY DUCTS OF THESE GLANDS. LEFT SIDE.

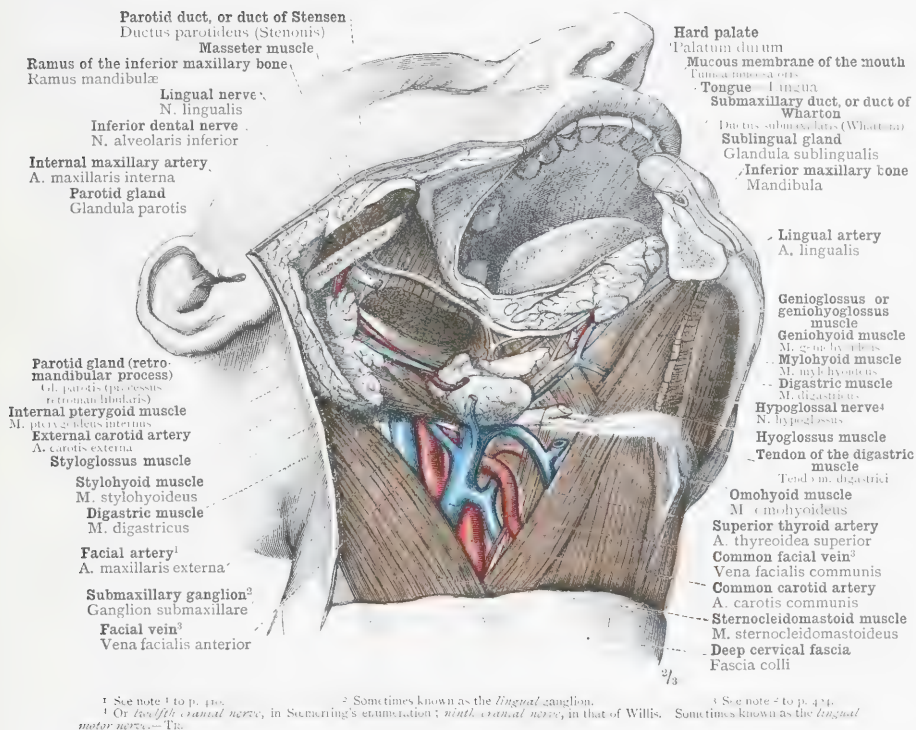


FIG. 688.—GLANDULA SUBLINGUALIS, THE SUBLINGUAL GLAND; GLANDULA SUBMAXILLARIS, THE SUBMAXILLARY GLAND; GLANDULA PAROTIS, THE PAROTID GLAND: DISPLAYED ON THE RIGHT SIDE OF THE BODY AFTER THE REMOVAL OF A PORTION OF THE INFERIOR MAXILLARY BONE. RELATIONS OF THESE GLANDS TO MUSCLES, VESSELS, AND NERVES.

The anterior edge of the parotid gland with the adjoining portion of the parotid duct has been removed.

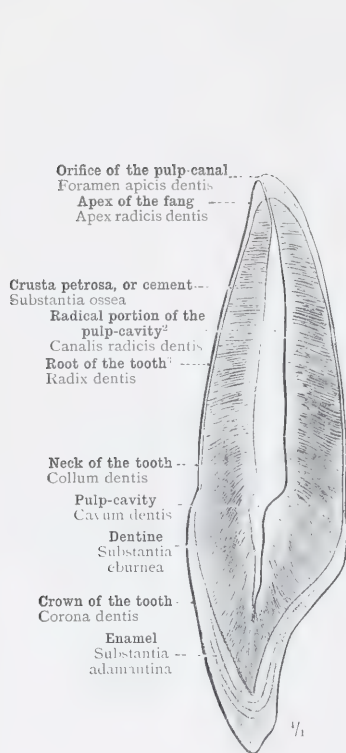


FIG. 689.—DENS INCISIVUS SUPERIOR MEDIALIS, UPPER CENTRAL OR MESIAL INCISOR TOOTH, IN SAGITTAL SECTION. SUBSTANTIA EBURNEA, THE DENTINE; SUBSTANTIA ADAMANTINA, THE ENAMEL; SUBSTANTIA OSSEA, THE CEMENT OR CRUSTA PETROSA; CAVUM DENTIS, THE PULP-CAVITY; CANALIS RADIALIS DENTIS, THE PULP-CANAL.²

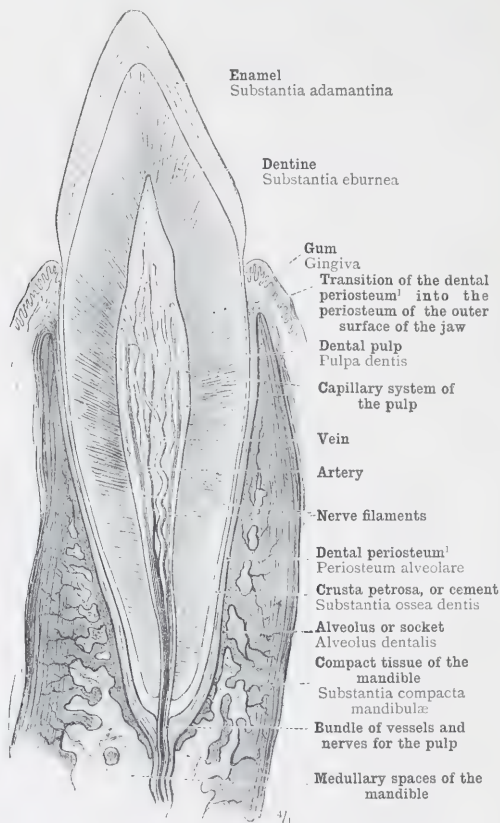


FIG. 690.—DENS CANINUS INFERIOR, LOWER CANINE TOOTH, WITH THE ALVEOLAR PORTION OF THE MANDIBLE, THE GUM, THE DENTAL PERIOSTEUM, AND THE DENTAL PULP, IN LONGITUDINAL SECTION.

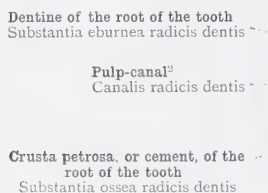


FIG. 691.—THE ROOT OF THE UPPER CENTRAL OR MESIAL INCISOR TOOTH WITH THE ALVEOLUS AND THE DENTAL PERIOSTEUM, IN TRANSVERSE SECTION.

¹ From its vascular tissue, between the crusta petrosa, or cement of the root and the bone, called here simply *dental periosteum*, is formed a layer of bone, the *alveolar periosteum*, and an inner, the *periosteal membrane*. By some, also, the dental periosteum is named the *periosteal membrane*. Tr.

² The term *pulp-canal*, which in England applied to the minute canal by which the pulp cavity resorted through the root of the tooth, does not appear to correspond strictly to the author's term *canalis radialis dentis*, which is applied by him alike to the *pulp-canal* of the crown and to the *pulp-canal* of the root. Tr.

³ The term *canal* is applied to all that portion of a tooth which is sunk in the alveolus. The root may consist of one or more *fangs*.—Tr.

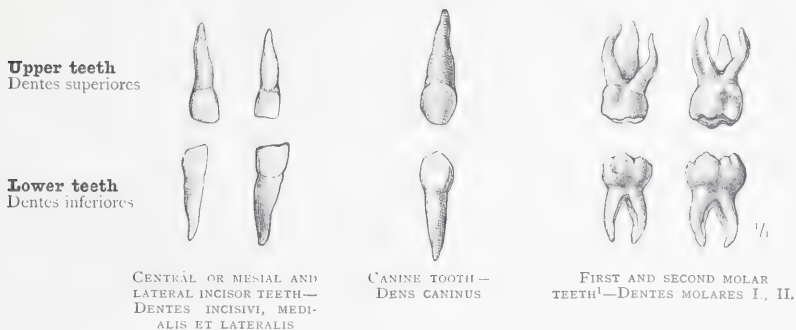


FIG. 692.—DENTES DECIDUI, TEMPORARY OR DECIDUOUS TEETH, OR MILK-TEETH, SEEN FROM THEIR OUTER (LABIAL AND BUCCAL) SIDES.

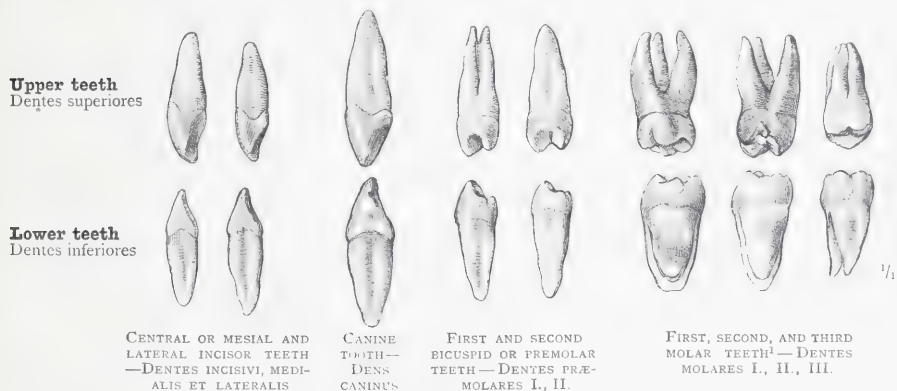


FIG. 693.—DENTES PERMANENTES, PERMANENT TEETH, SHOWING THE OUTER EDGE OF THE INCISORS AND CANINES, AND THE POSTERIOR SURFACE OF THE PREMOLARS AND MOLARS.

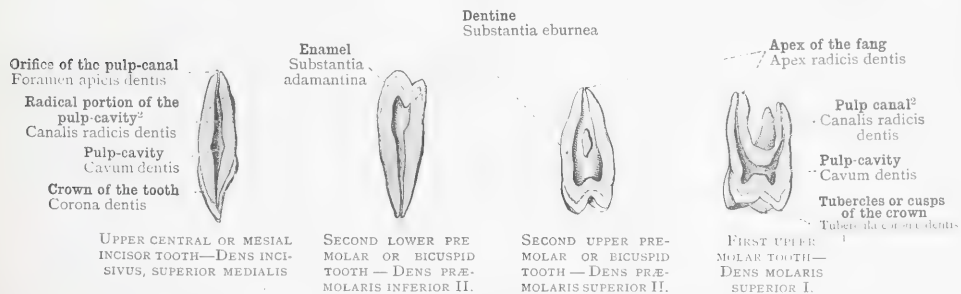


FIG. 694.—PULP-CAVITY AND PULP-CANAL AS SEEN IN TEETH DIVIDED LONGITUDINALLY.

¹ Known also as *grinders* or *multicuspids*.

² See notes to p. 427.

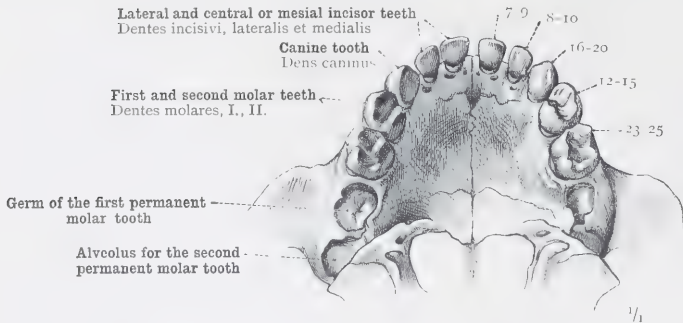


FIG. 695.—DENTES DECIDUI, TEMPORARY OR DECIDUOUS TEETH, OR MILK-TEETH, OF THE UPPER JAW OF A BOY AGED THREE YEARS.

The Arabic numerals indicate the months of life in which the eruption of the individual teeth usually occurs.

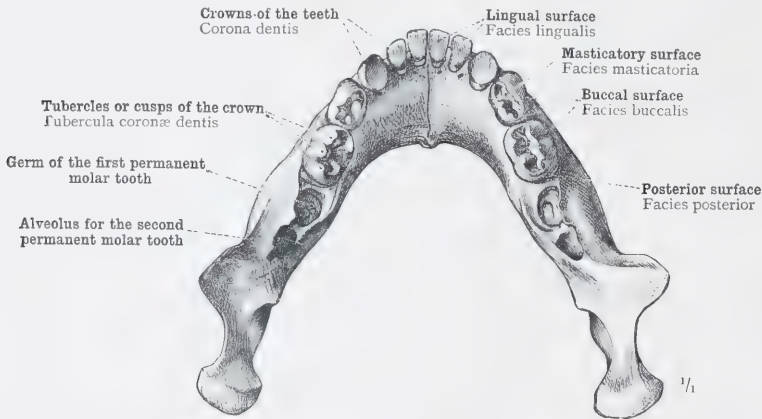


FIG. 696.—DENTES DECIDUI, TEMPORARY OR DECIDUOUS TEETH, OR MILK-TEETH, OF THE LOWER JAW OF A BOY AGED THREE YEARS.

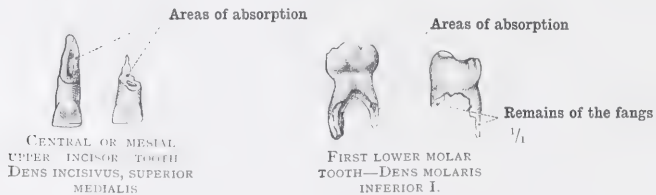


FIG. 697.—DENTES DECIDUI, TEMPORARY OR DECIDUOUS TEETH, OR MILK-TEETH, IN VARIOUS STAGES OF ABSORPTION, PREPARATORY TO THEIR BEING SHED AND REPLACED BY THE PERMANENT TEETH.

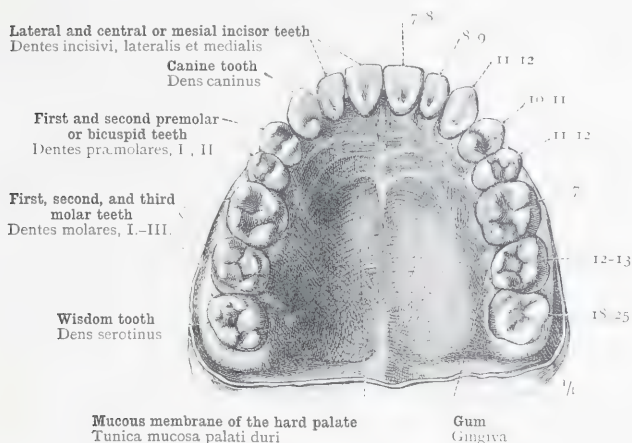


FIG. 698.—DENTES PERMANENTES, PERMANENT TEETH, OF THE UPPER JAW OF A MAN AGED TWENTY-SIX YEARS, WITH THE GUMS. FACIES MASTICATORIÆ, MASTICATORY SURFACES.

The Arabic numerals indicate the years of life in which the eruption of the individual teeth usually occurs.

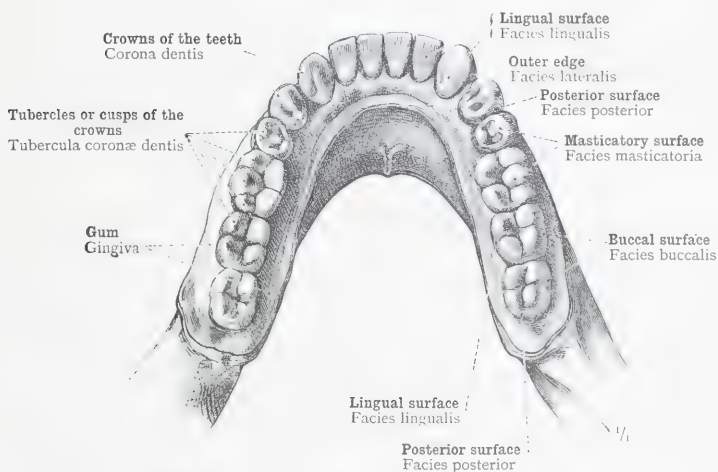


FIG. 699.—DENTES PERMANENTES, PERMANENT TEETH, OF THE LOWER JAW OF A MAN AGED TWENTY-SIX YEARS, WITH THE GUMS. FACIES MASTICATORIÆ, MASTICATORY SURFACES.

Dentes—Teeth.

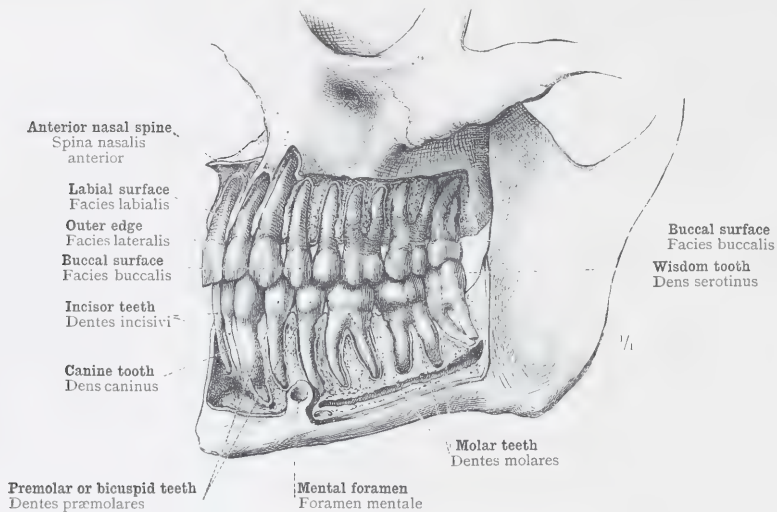


FIG. 700.—LEFT HALF OF THE PERMANENT TEETH, WITH THE ROOTS LAID BARE, SEEN FROM THEIR OUTER (LABIAL AND BUCCAL) SIDES. NORMAL RELATIVE POSITIONS OF UPPER AND LOWER ROWS.

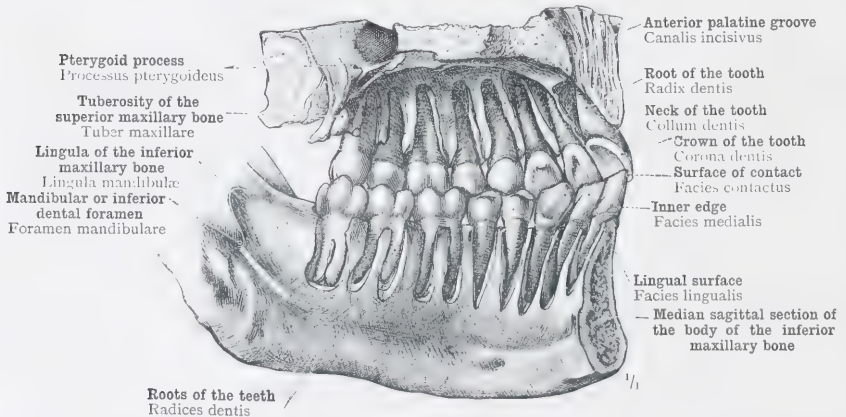


FIG. 701.—LEFT HALF OF THE PERMANENT TEETH, WITH THE ROOTS LAID BARE, SEEN FROM THEIR INNER (LINGUAL) SIDES. NORMAL RELATIVE POSITIONS OF UPPER AND LOWER ROWS.

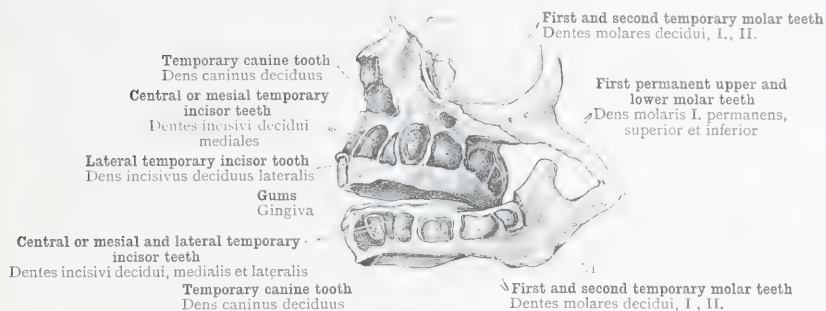


FIG. 702.—DENTAL GERMS (DENTAL SACS) OF AN INFANT BORN AT FULL TERM, DISPLAYED BY THE REMOVAL OF THE WALLS OF THE ALVEOLI ON THE LEFT SIDE OF THE FACE.

The dental sacs of the upper canine, the lower central incisor, and the first lower molar temporary teeth have been opened, in order to show the teeth developing in their interior.

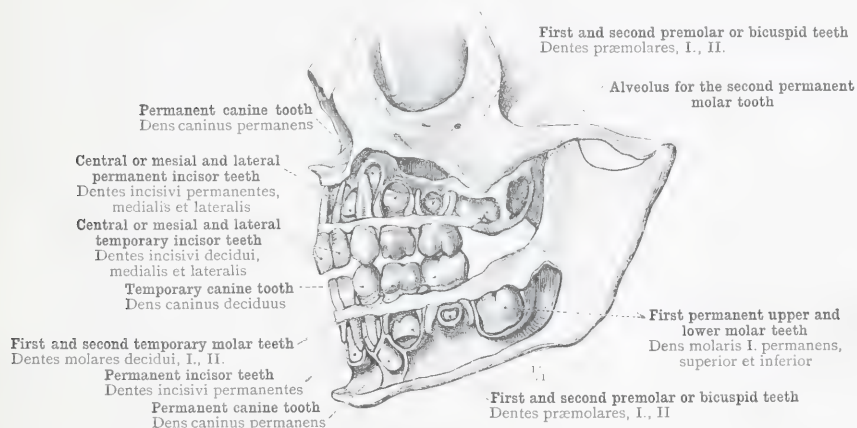


FIG. 703.—LEFT HALF OF THE TEMPORARY OR DECIDUOUS TEETH, OR MILK-TEETH, OF A BOY AGED TWO AND A HALF YEARS.

By the removal of the appropriate portions of the alveolar walls, the germs of the permanent teeth have been exposed, and the relation of these germs to the roots of the temporary teeth has been made manifest.



FIG. 704.—STAGES OF DEVELOPMENT OF THE LATERAL PERMANENT INCISOR TOOTH AND OF THE SECOND LOWER PERMANENT MOLAR TOOTH.

The fourth tooth of each series was already cut.

Dentes—Teeth.

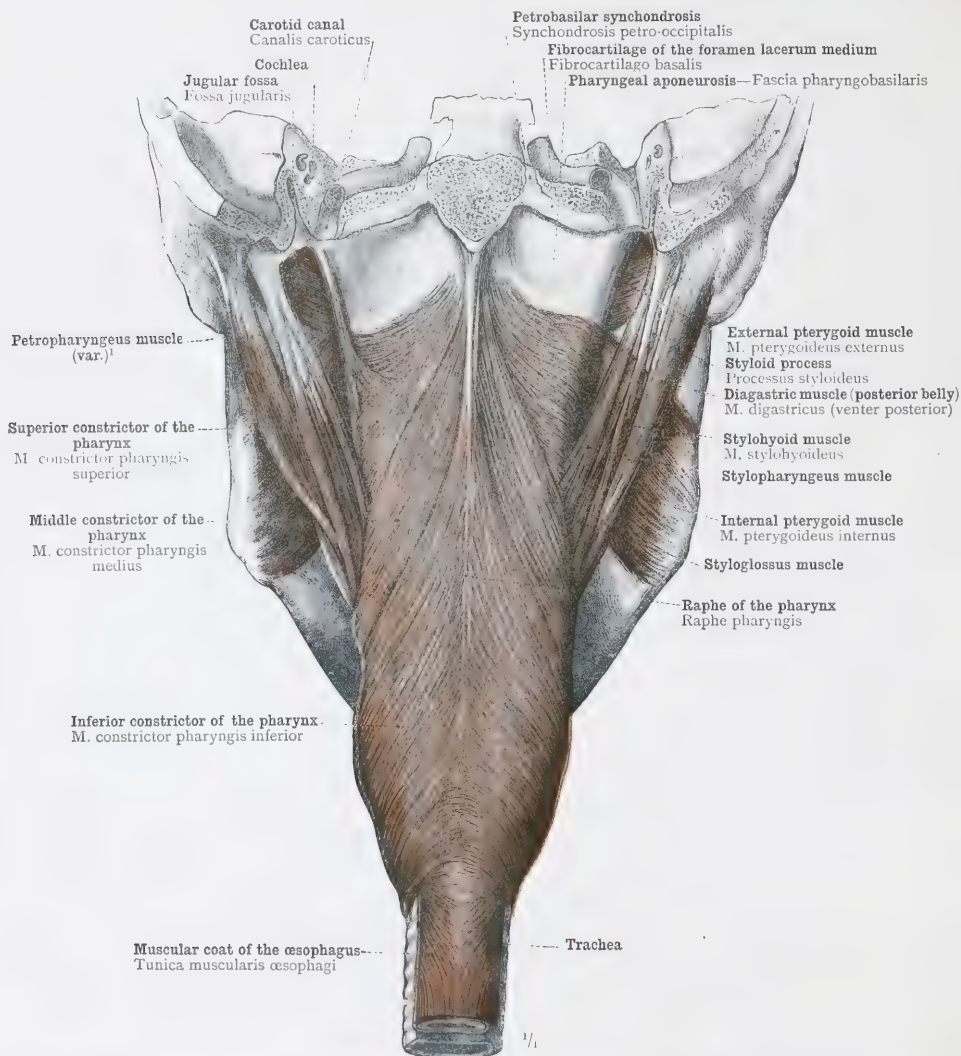
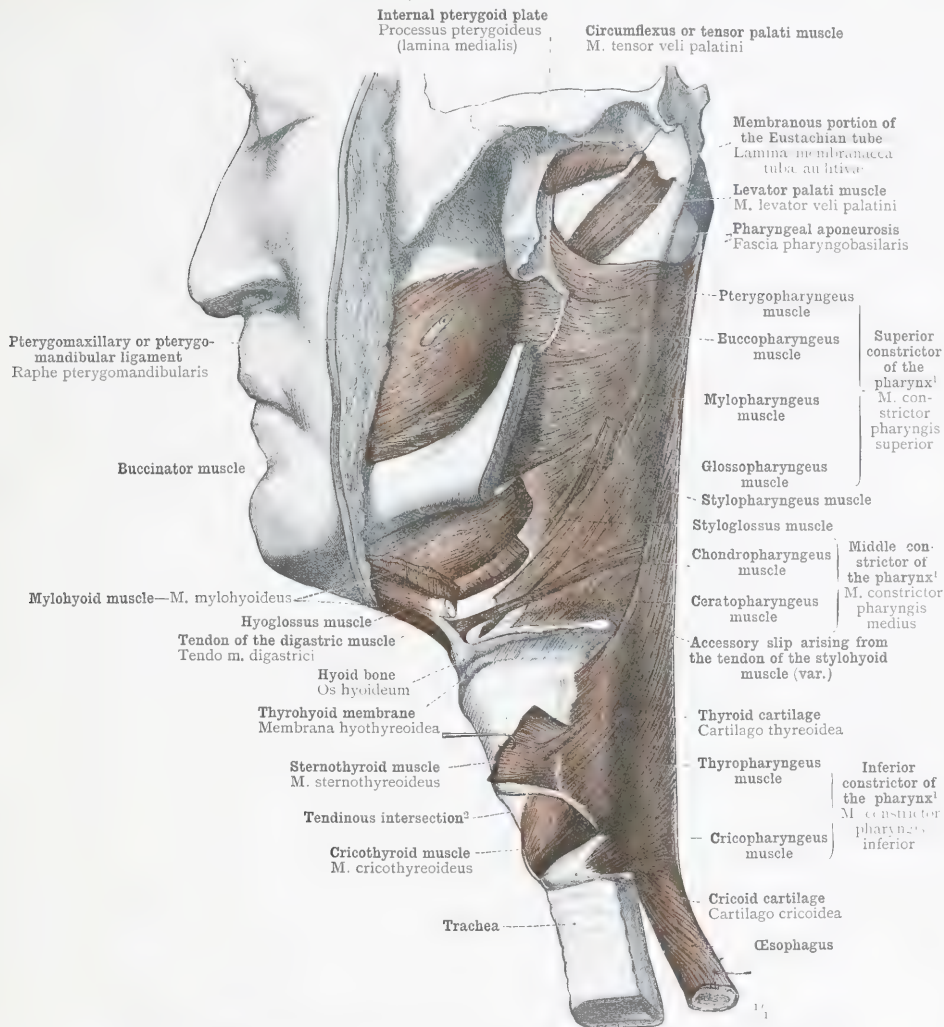


FIG. 705. THE PHARYNX, AND ITS TRANSITION INTO THE OESOPHAGUS, SEEN FROM BEHIND. BY THE REMOVAL OF THE TUNICA ADVENTITIA PHARYNGIS,² THE OUTER MUSCULAR LAYER OF THE PHARYNX HAS BEEN LAID BARE: MUSCULI CONSTRICTORES PHARYNGIS, SUPERIOR, MEDIUS, ET INFERIUS; THE SUPERIOR, MIDDLE, AND INFERIOR CONSTRICTORS OF THE PHARYNX. THE MUSCLES ARISING FROM THE STYLOID PROCESS, AND THE POSTERIOR BELLY OF THE DIGASTRIC MUSCLE. THE PHARYNGEAL APONEUROSIS.

Petropharyngeus Muscle. This, the commonest of the supplementary elevators of the pharynx, arises from the under surface of the petrous bone in front of the carotid canal, or from the vaginal process of the temporal bone. Others, less often met with, are the *obliquepharyngeus*, arising from the spine of the pharynx; *pharyngopetrous externus*, arising from the lamella process; *obliquepharyngeus*, arising from the basilar process, and the *transpharyngeus* (very rare), arising from the mastoid process. They are inserted variably into one or other of the constrictors, or, passing between these muscles, directly into the fibrous layer of the pharynx (pharyngeal aponeurosis). An often occasional accessory fibre, the *staphylopharyngeus*, passing from the pharyngeal tubercle of the occipital bone, is connectible to the posterior wall of the pharynx.—*Fig.*

¹ See note 1 to p. 426.

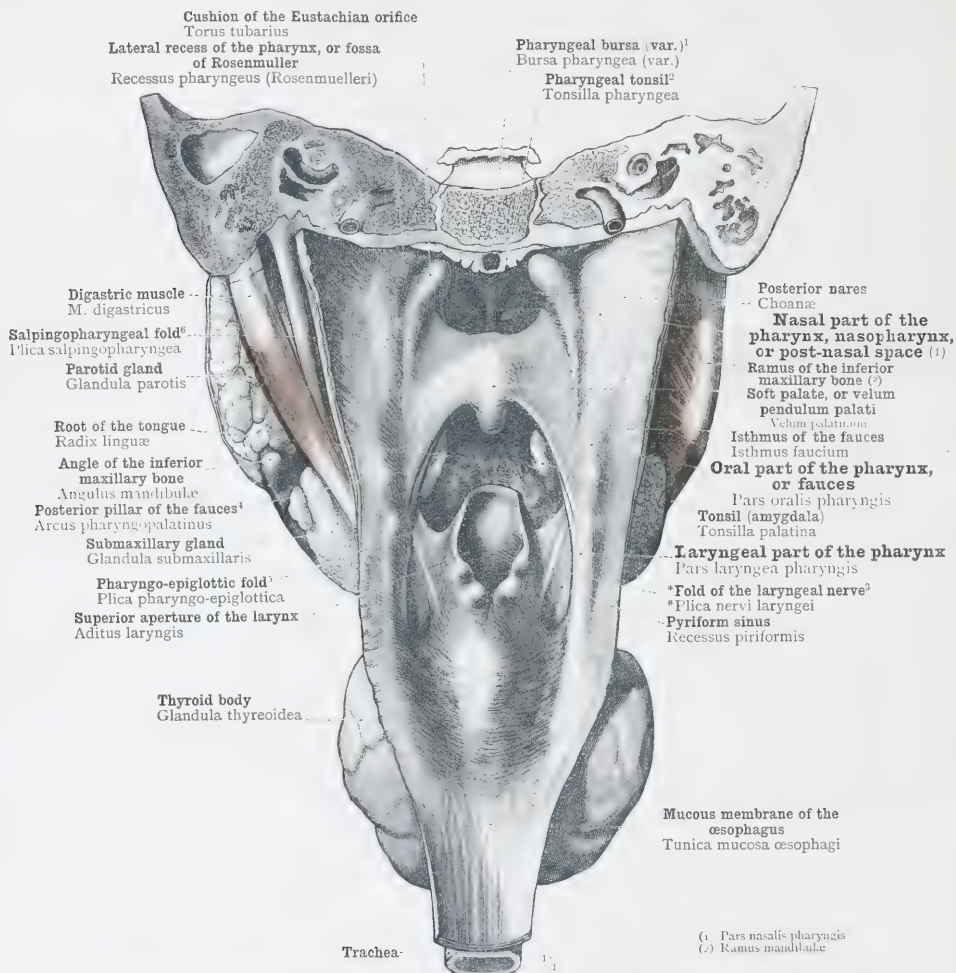
The Pharynx.



¹ *Constrictors of the Pharynx.*—As the names, given by the author to the different portions of the *æ*-muscles are not often used in England, it seems expedient to explain their significance. Of the *superior constrictor*: the *pterygopharyngeus* is that portion which arises from the lower third of the hinder edge of the internal pterygoid plate and from the hamular process; the *buccopharyngeus* is that portion which arises from the pterygomaxillary ligament, by means of which it is connected with the origin of the buccinator muscle; the *mylopharyngeus* is that portion which arises from the posterior fifth of the internal oblique line or mylohyoid ridge of the inferior maxillary bone; and the *glossopharyngeus* is that portion which arises from the side of the tongue. Of the *middle constrictor*: the *chondropharyngeus* is that portion which arises from the small cornu of the hyoid bone and the stylohyoid ligament; and the *ceratopharyngeus* is that portion which arises from the great cornu of the hyoid bone. Of the *inferior constrictor*: the *thyropharyngeus* is that portion which arises from the inferior cornu, oblique line or ligament, and superior tubercle of the thyroid cartilage; and the *cricopharyngeus* is that portion which arises from a flat ridge on the side of the cricoid cartilage.—Tr.

² *Tendinous Intersection.*—Some of the superficial fibres of the cricothyroid muscle are almost always continuous with those of the inferior constrictor of the pharynx. Commonly, however, as here, a tendinous intersection across these fibres marks the boundary between the two muscles.—Tr.

FIG. 706.—OUTER MUSCULAR LAYER OF THE PHARYNX, LAID BARE ON THE LEFT SIDE, BY THE REMOVAL OF THE RAMUS OF THE INFERIOR MAXILLARY BONE, THE MUSCLES ARISING FROM THE STYLOID PROCESS, THE POSTERIOR BELLY OF THE DIGASTRIC MUSCLE, AND THE MYLOHYOID MUSCLE: MUSCULI CONSTRICTORES PHARYNGIS. THE THREE CONSTRICTORS OF THE PHARYNX, WITH THEIR VARIOUS SUBDIVISIONS (see note ¹ above). CONNEXION OF THE BUCCINATOR MUSCLE WITH THE SUPERIOR CONSTRICTOR OF THE PHARYNX BY MEANS OF THE PTERYGOMAXILLARY OR PTERYGOMANDIBULAR LIGAMENT.



¹ The *pharyngeal bursa*, or *lateral recess of the pharynx*, is a flask-shaped pit in the mucous membrane, constant in the fetus and the infant, and occasionally persistent in the adult. Its narrow "neck" is on the posterior wall of the nasopharynx, immediately beneath the pharyngeal tonsil, and looks downwards and forwards. Widening within, the cavity passes upwards and then curves forwards through the substance of the pharyngeal tonsil, and terminates blindly in the median line, immediately above the summit of the pharynx, its fundus being just below the pharyngeal tubercle.—Tr.

² See note 1, p. 415.

³ *Fold of the Laryngeal Nerve.—"Within the pyriform sinus a fold of mucous membrane running obliquely downwards and inwards is occasionally to be seen. This fold is occupied by the superior laryngeal nerve, and is therefore called *plica nervi laryngei*—the fold of the laryngeal nerve."—Von Langer and Toldt's "Anatomy," 7th ed., p. 301.

⁴ Known also as the *posterior palatine*, or *pharyngopalatine*, arch.

⁵ See Appendix, note 4.

See note 1, p. 415.

FIG. 707.—CAVUM PHARYNGIS, THE PHARYNGEAL CAVITY, SEEN FROM BEHIND. TUNICA MUCOSA PHARYNGIS, THE MUCOUS MEMBRANE OF THE PHARYNX. THE THREE DIVISIONS OF THE PHARYNX: PARS NASALIS PHARYNGIS, THE NASAL PART OF THE PHARYNX, NASOPHARYNX, OR POST-NASAL SPACE; PARS ORALIS PHARYNGIS, THE ORAL PART OF THE PHARYNX, OR FAUCES; PARS LARYNGEA PHARYNGIS, THE LARYNGEAL PART OF THE PHARYNX. THE OPENINGS INTO THE PHARYNGEAL CAVITY.

The posterior wall of the pharynx was divided throughout in the median line, separated from its attachments to the base of the skull, and then turned outwards on each side,

The Pharynx.

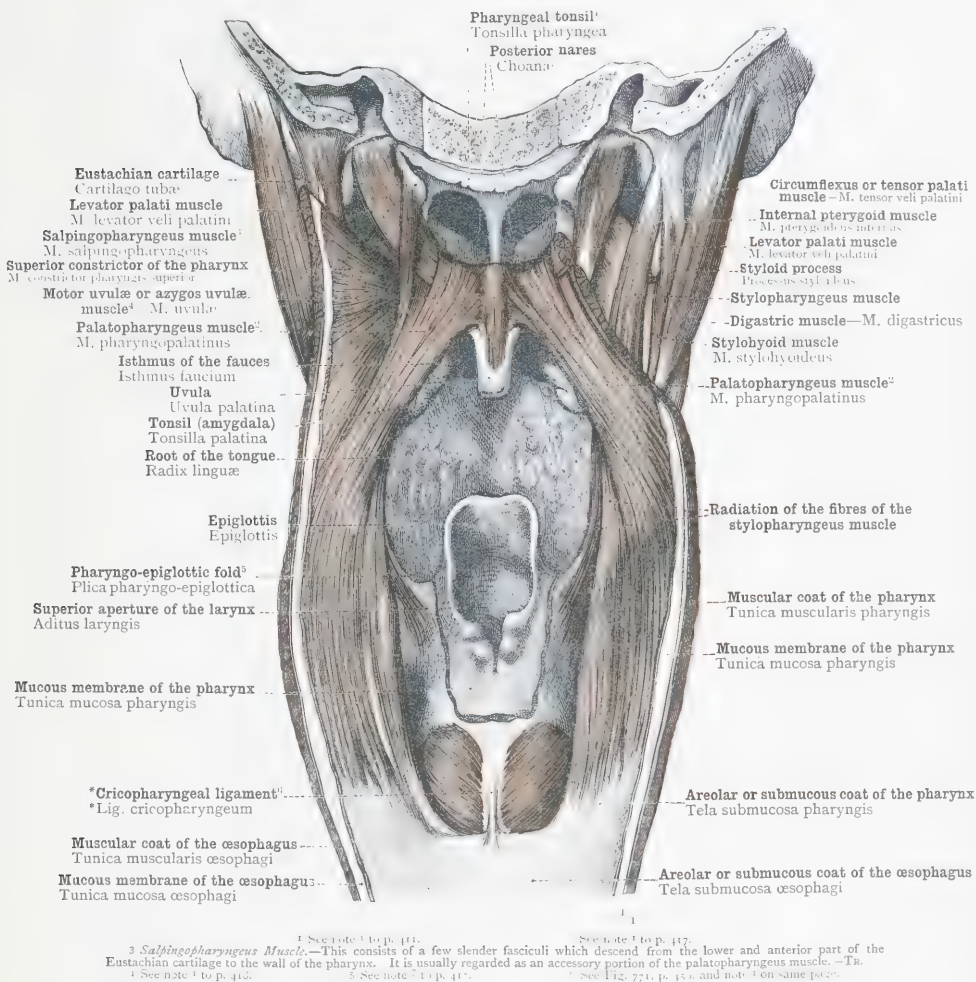


FIG. 708.—MUSCLES OF THE SOFT PALATE (VELUM PENDULUM PALATI), AND THE VERTICAL MUSCLES (ELEVATORS) OF THE PHARYNX, DISPLAYED BY OPENING THE PHARYNX FROM BEHIND BY A MEDIAN LONGITUDINAL INCISION AND REMOVING THE MUCOUS MEMBRANE.

On the right side, the levator palati muscle and a small portion of the wall of the pharynx have been removed, in order to display the circumflexus or tensor palati muscle and a great part of the stylopharyngeus muscle. In the immediate neighbourhood of the superior aperture of the larynx (aditus laryngis), the mucous membrane of the pharynx has not been removed; also along the borders of the median longitudinal incision a narrow strip of the mucous membrane has been left.

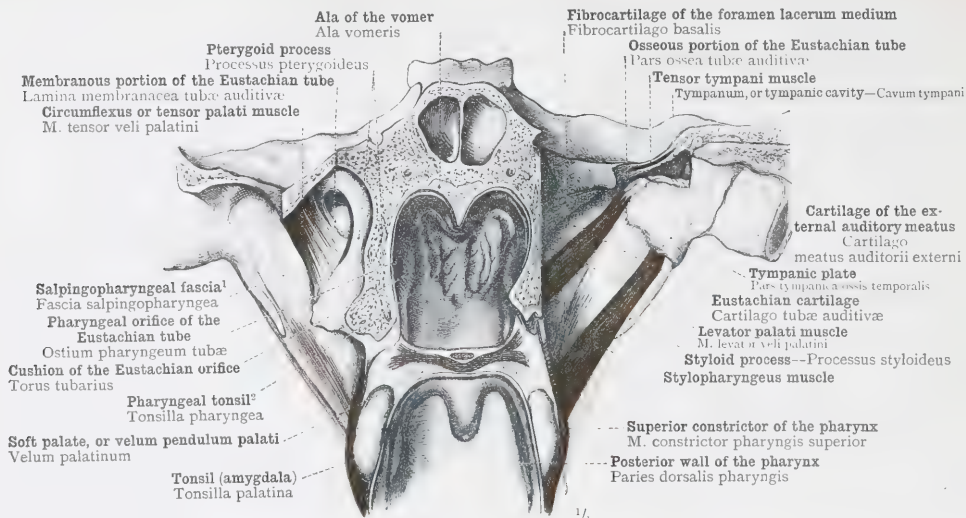


FIG. 700.—PARS NASALIS PHARYNGIS, THE NASAL PART OF THE PHARYNX, NASOPHARYNX, OR POST-NASAL SPACE, SEEN FROM BEFORE. CORONAL SECTION THROUGH THE HEAD. TONSILLA PHARYNGEA, THE PHARYNGEAL TONSIL.

On the left side, the greater part of the pterygoid process, the anterior wall of the tympanum, and the outer wall of the Eustachian tube, have been removed.

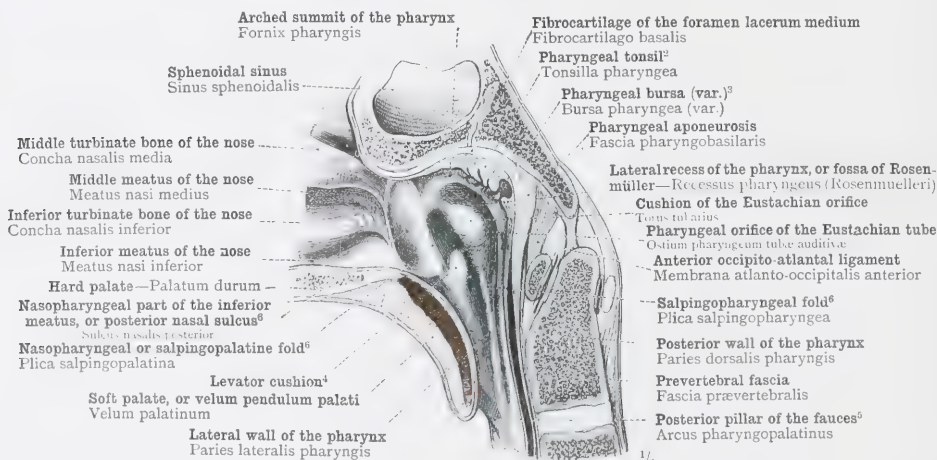


FIG. 710.—PARS NASALIS PHARYNGIS, THE NASAL PART OF THE PHARYNX, NASOPHARYNX, OR POST-NASAL SPACE, AND ITS CONNEXION WITH THE NASAL FOSSE, IN MEDIAN SAGITTAL SECTION. VIEW OF THE RIGHT LATERAL WALL OF THE NASOPHARYNX, WITH THE PHARYNGEAL ORIFICE OF THE EUSTACHIAN TUBE. TONSILLA PHARYNGEA, THE PHARYNGEAL TONSIL; BURSA PHARYNGEA, THE PHARYNGEAL BURSA. SULCUS NASALIS POSTERIOR, THE NASOPHARYNGEAL PART OF THE INFERIOR MEATUS OF THE NOSE, OR *POSTERIOR NASAL SULCUS, CORRESPONDING TO THE NASOPHARYNGEAL MEATUS (see Part I., p. 90, Fig. 203); PLICA SALPINGOPALATINA, THE NASOPHARYNGEAL OR SALPINGOPALATINE FOLD; PLICA SALPINGOPHARYNGEA, THE SALPINGOPHARYNGEAL FOLD.⁴

¹ *Salpingopharyngeal Fascia*.—Quain applies this name to the membranous portion of the Eustachian tube itself, but the author uses it to denote the strands of fibrous tissue passing from the Eustachian cartilage to the submucous areolar tissue of the pharynx.—T.E.

² See p. 416, p. 417.

³ See note 1, p. 434.

⁴ When the levatores palati are contracted, the upper surface of the soft palate presents a convex eminence behind each posterior naris, called the *levator cushion*. This is occasionally seen in the dead body.—Quain's "Anatomy," vol. iii., part iv., p. 57. See also Appendix, note 4.

Known also as the *posterior palatine*, or *pharyngopalatine*, arch.

⁵ See Appendix, note 4.

ABDOMINAL AND PELVIC PORTIONS
OF THE
DIGESTIVE ORGANS

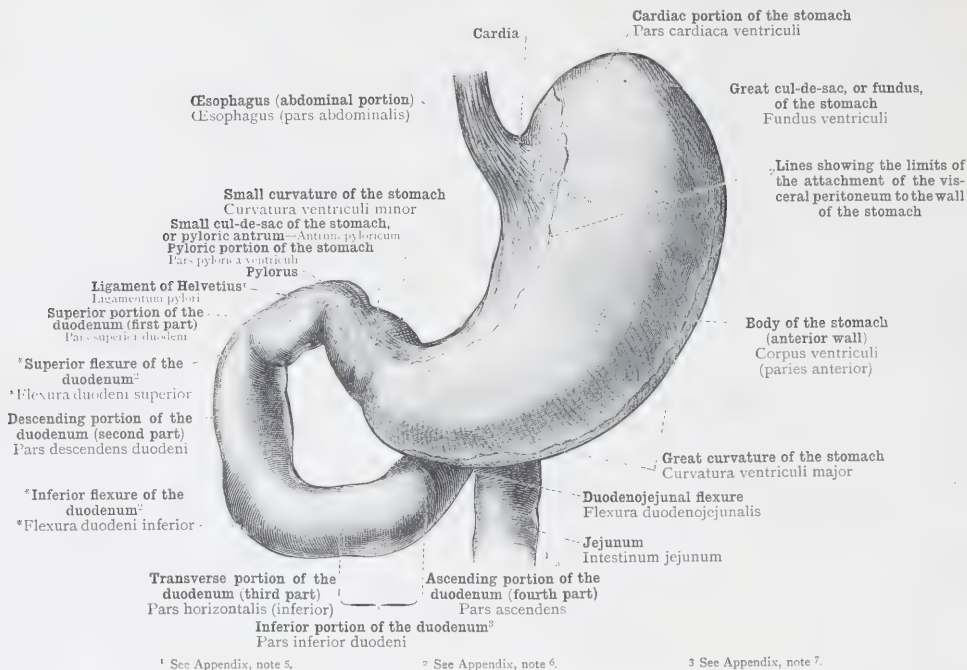


FIG. 711.—VENTRICULUS, THE STOMACH, MODERATELY DISTENDED, WITH THE LOWEST PORTION OF THE ÆSOPHAGUS, AND THE DUODENUM. SEEN FROM BEFORE.

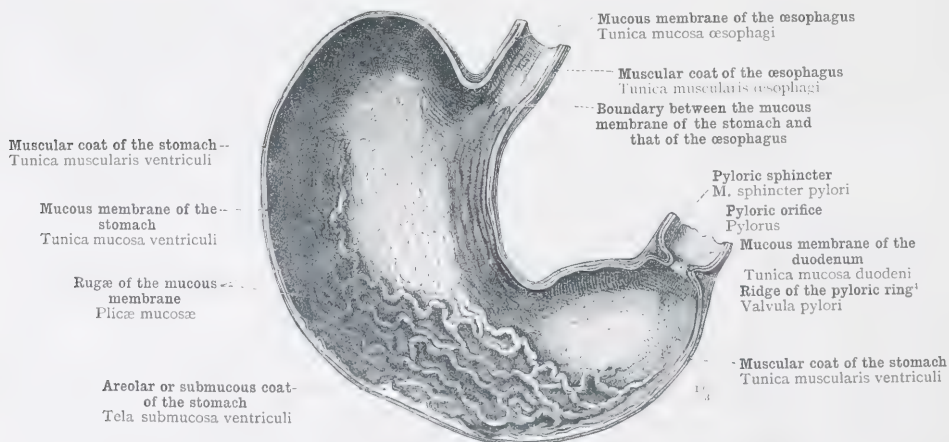


FIG. 712.—ANTERIOR HALF OF THE STOMACH, WHICH HAS BEEN DIVIDED IN TWO BY INCISIONS ALONG THE GREAT AND SMALL CURVATURES; SEEN FROM THE INSIDE. TRANSITION OF THE MUCOUS MEMBRANE OF THE ÆSOPHAGUS INTO THAT OF THE CARDIA. PYLORUS, OR PYLORIC ORIFICE. Plicæ MUCOSÆ VENTRICULI, RUGÆ OF THE MUCOUS MEMBRANE OF THE STOMACH.

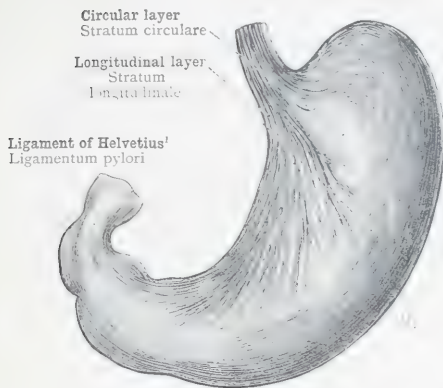


FIG. 713.—SUPERFICIAL LAYER OF THE MUSCULAR COAT OF THE STOMACH: LONGITUDINAL LAYER.

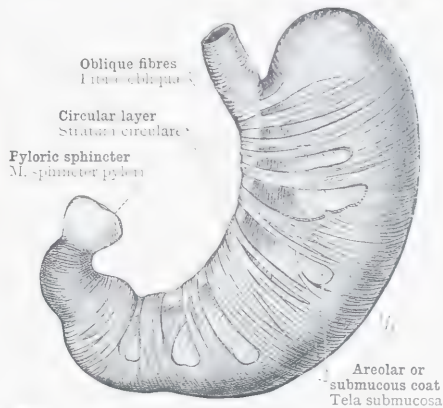


FIG. 714.—MIDDLE AND DEEP LAYERS OF THE MUSCULAR COAT OF THE STOMACH: CIRCULAR LAYER, AND OBLIQUE FIBRES.

Strips of the circular layer have been removed, in order to display the oblique fibres beneath.

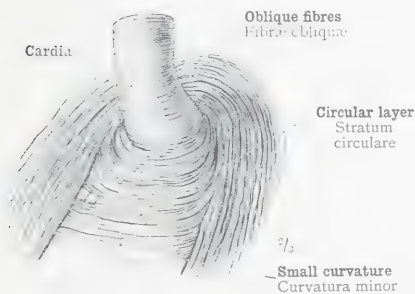


FIG. 715.—MUSCULAR COAT AT THE CARDIA, SEEN FROM WITHIN, THE MUCOUS MEMBRANE HAVING BEEN REMOVED.

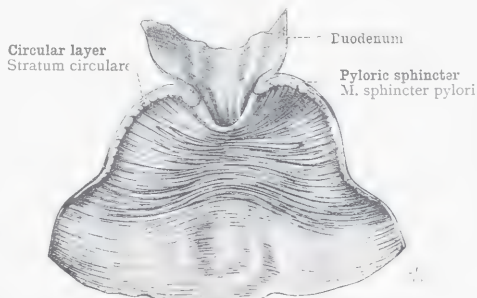


FIG. 716.—MUSCULAR COAT IN THE PYLORIC REGION, LAID BARE FROM WITHIN.

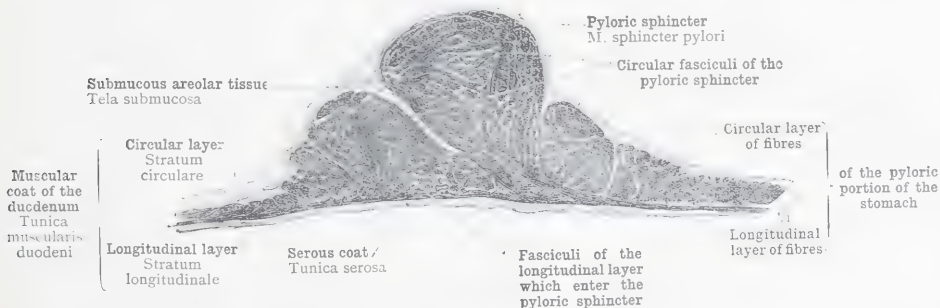


FIG. 717.—M. SPHINCTER PYLORI, THE PYLORIC SPHINCTER, IN LONGITUDINAL SECTION.

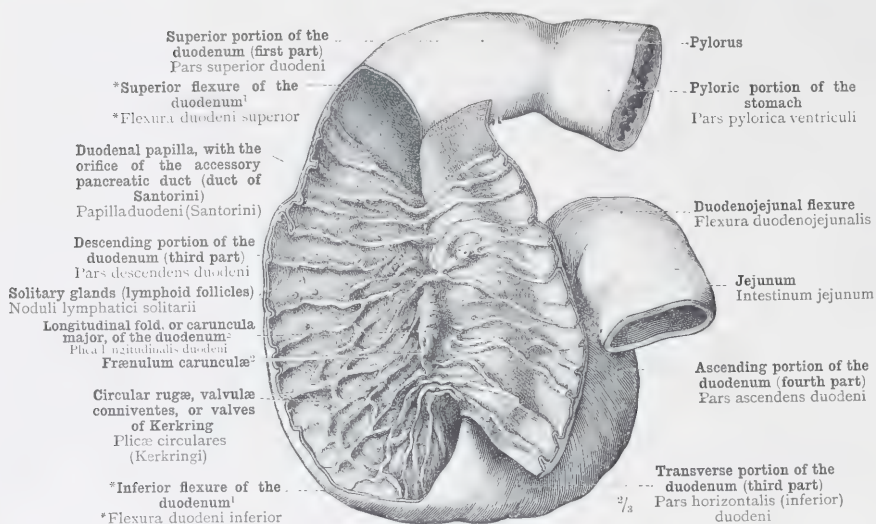


FIG. 718.—DUODENUM, SEEN FROM BEFORE. THE DESCENDING PORTION HAS BEEN OPENED, AND THE ANTERIOR WALL TURNED TO THE LEFT. PLICA LONGITUDINALIS DUODENI, THE LONGITUDINAL FOLD, OR CARUNCULA MAJOR, OF THE DUODENUM, AT THE LOWER END OF WHICH IS THE ORIFICE OF THE DUODENAL DIVERTICULUM, DIVERTICULUM DUODENALE (VATERI).² PAPILLA DUODENI, THE DUODENAL PAPILLA, WITH THE ORIFICE OF THE ACCESSORY PANCREATIC DUCT, OR DUCT OF SANTORINI.

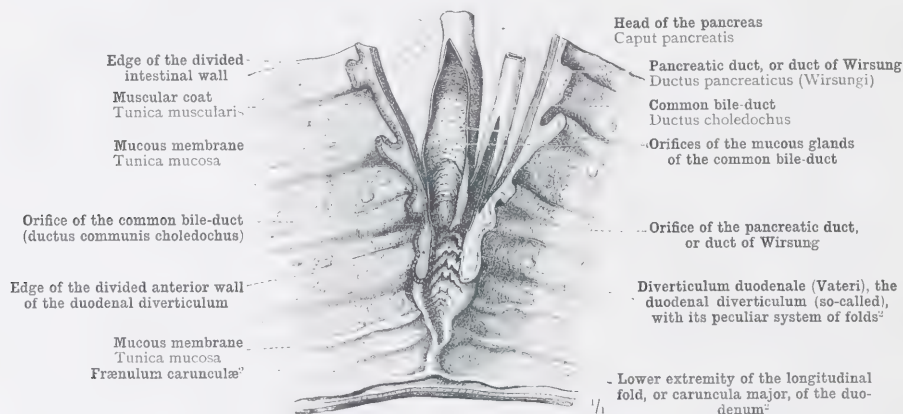


FIG. 719.—THE DUODENUM HAVING BEEN EXCISED, A LONGITUDINAL INCISION HAS BEEN MADE INTO THE SAC-LIKE DILATATION, DIVERTICULUM DUODENALE (VATERI),² TO SHOW THE IMBRICATED TRANSVERSE FOLDS³ IN ITS INTERIOR. LONGITUDINAL INCISIONS HAVE ALSO BEEN MADE INTO THE LOWER EXTREMITIES OF THE COMMON BILE-DUCT AND THE PANCREATIC DUCT, OR DUCT OF WIRSUNG, WHICH OPEN INTO THE DUODENAL DIVERTICULUM.

¹ See Appendix, note 6.

² See Appendix, note 6.

³ See Appendix, note 6.

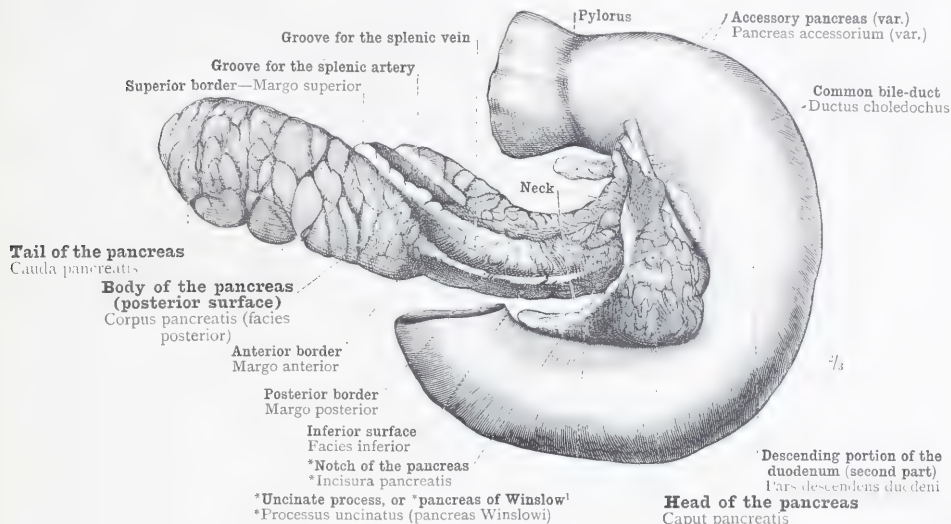


FIG. 720.—THE PANCREAS; ITS RELATIONS TO THE DUODENUM AND TO THE COMMON BILE-DUCT. ACCESSORY PANCREAS. SEEN FROM BEHIND.

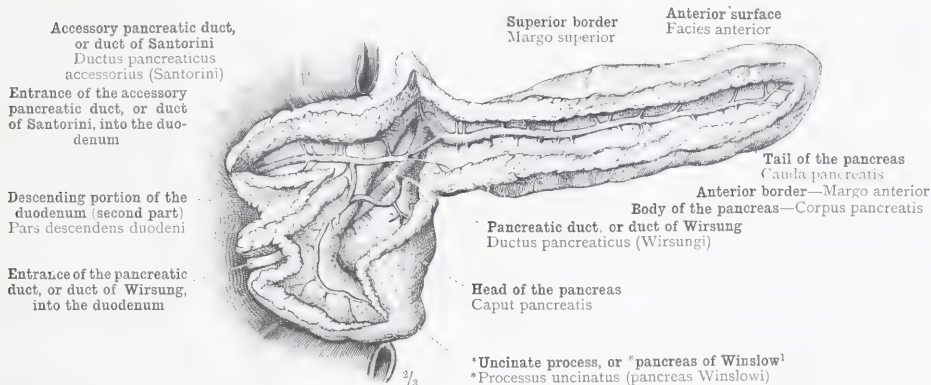


FIG. 721.—THE PANCREAS, WITH ITS DUCTS DISSECTED OUT, SEEN FROM BEFORE. PANCREATIC DUCT, OR DUCT OF WIRSUNG; ACCESSORY PANCREATIC DUCT, OR DUCT OF SANTORINI.

¹ That portion of the head of the pancreas which extends to the left in a hook-like manner behind the mesenteric vessels, called by the author the *uncinate process*, or *pancreas of Winslow*, is sometimes completely separate from the rest of the gland, and is then termed the *lesser pancreas*.—TR.

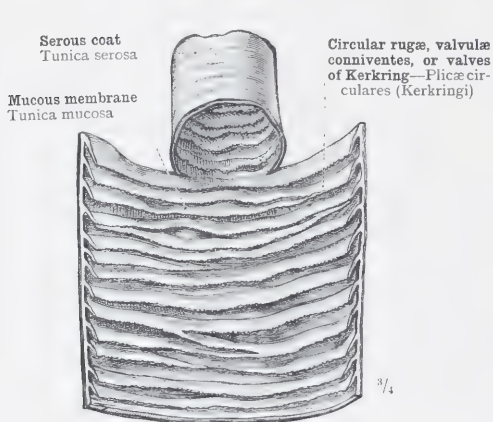


FIG. 722.—THE JEJUNUM, IN PART OPENED.

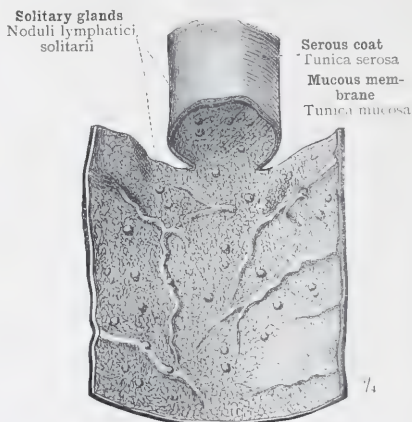


FIG. 723.—THE ILEUM, IN PART OPENED.

INTESTINUM TENUE—THE SMALL INTESTINE.

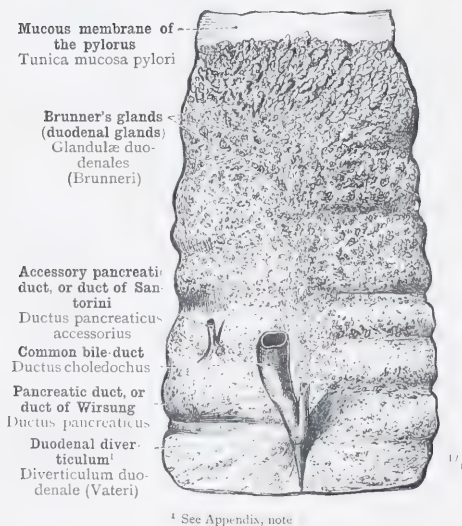


FIG. 724.—OUTER SURFACE OF THE MUCOUS MEMBRANE OF THE DUODENUM, WITH BRUNNER'S GLANDS (DUODENAL GLANDS), DISPLAYED BY THE REMOVAL OF THE MUSCULAR COAT.

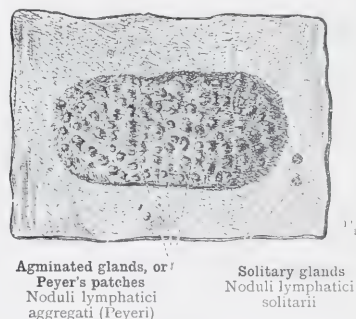
¹ See Appendix, note

FIG. 725.—NODULI LYMPHATICI AGGREGATI, AGMINATED GLANDS, OR PEYER'S PATCHES, FROM THE ILEUM.

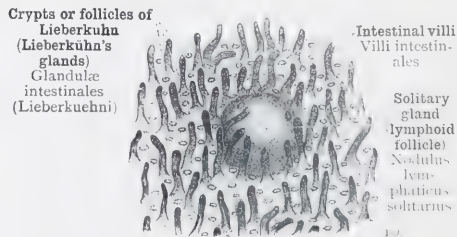


FIG. 726.—MUCOUS MEMBRANE OF THE ILEUM, WITH A SOLITARY GLAND (LYMPHOID FOLLICLE).

Tubus digestorius—Alimentary canal.

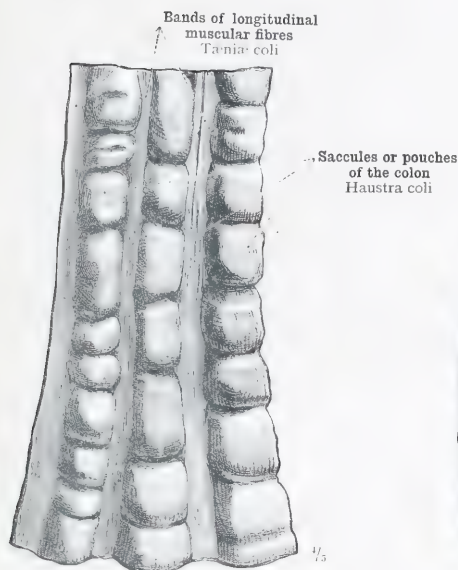


FIG. 727.—TUNICA MUSCULARIS, THE MUSCULAR COAT, OF THE OPENED LARGE INTESTINE (TRANSVERSE COLON), DISPLAYED FROM THE OUTER SIDE BY THE REMOVAL OF THE SEROUS COAT.

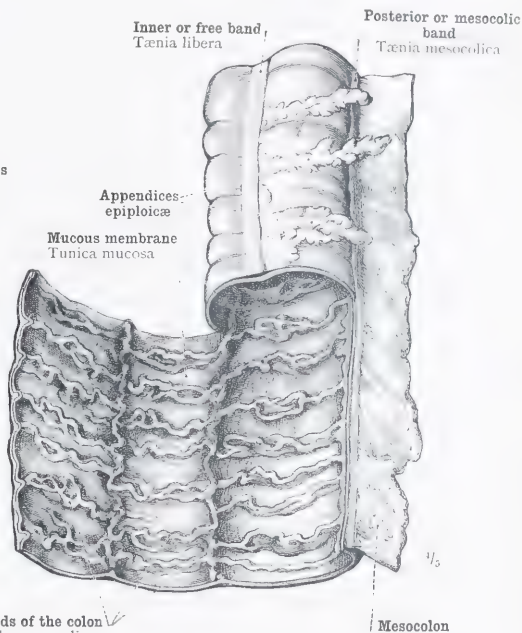


FIG. 728.—INTESTINUM CRASSUM, THE LARGE INTESTINE, IN PART OPENED ALONG THE LINE OF ATTACHMENT OF THE MESENTERY.

The piece of intestine is in the contracted state.

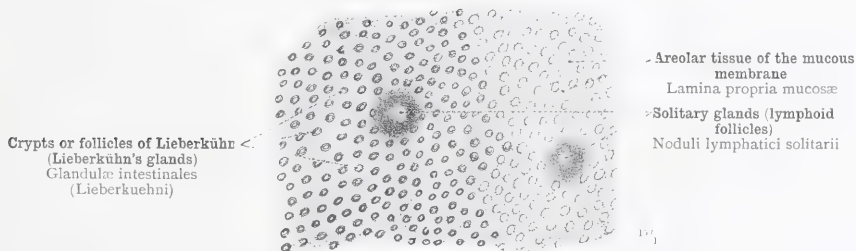


FIG. 729.—MUCOUS MEMBRANE OF THE LARGE INTESTINE (TRANSVERSE COLON), MODERATELY MAGNIFIED, SEEN FROM WITHIN.

On the right side of the preparation the gland cells of the crypts or follicles of Lieberkühn (glandulae intestinales, Lieberkühn's glands) have been removed by gentle friction.

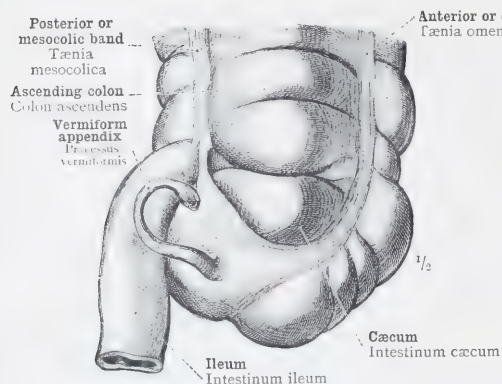


FIG. 730.—INTESTINUM CÆCUM, THE CÆCUM, IN THE DISTENDED STATE, SEEN FROM BEHIND, THE SEROUS COAT HAVING BEEN REMOVED.

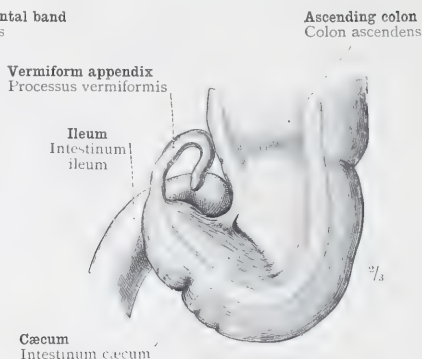


FIG. 731.—INTESTINUM CÆCUM, THE CÆCUM, OF AN ADULT MALE, IN THE FULLY-CONTRACTED STATE, SEEN FROM BEHIND, THE SEROUS COAT HAVING BEEN REMOVED.

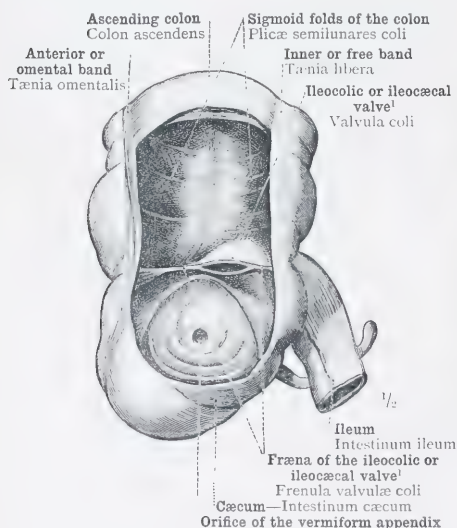


FIG. 732.—THE CÆCUM, DISTENDED AND DRIED, SEEN FROM THE OUTER SIDE. A portion of the outer wall has been removed, in order to display the ileocolic or ileocæcal valve¹ and the orifice of the vermiform appendix.

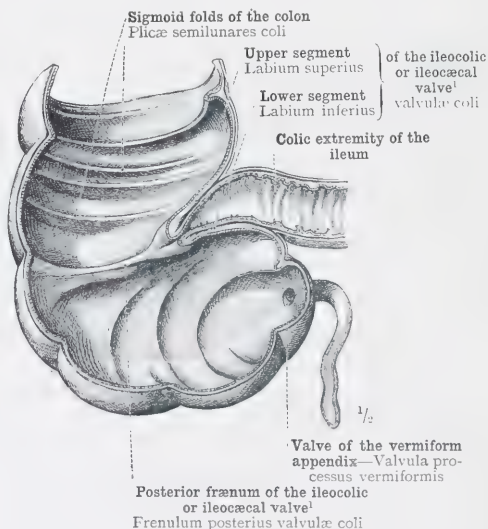


FIG. 733.—THE CÆCUM, HARDENED IN FORMALIN, AND DIVIDED BY AN INCISION PASSING THROUGH THE ILEOCOLIC OR ILEOCÆCAL ORIFICE. THE ILEOCOLIC OR ILEOCÆCAL VALVE¹ (VALVULA COLI) IS SEEN CLOSED, IN CORONAL SECTION.

¹ *Ileocolic or Ileocæcal Valve.* This is known also as the *valve of Baubin* and as the *valve of Taubias*, but was described by Fallopius at an earlier date than by either of these anatomists. Macalister distinguishes the upper or colic lip or segment as the *ileocolic valve* and the lower or cæcal lip or segment as the *ileocæcal valve*. The *fræna* or *retinacula* of the valve are prominent folds in front and behind the orifice formed by the union of the two segments; they pass round the gut to unite opposite the orifice, forming a shelf which separates the cæcum from the ascending colon. This shelf is sometimes called the *frænum of Morgagni*.—Tn.



FIG. 734.—INTESTINUM RECTUM, THE RECTUM, THE LONGITUDINAL LAYER OF MUSCULAR FIBRES HAVING BEEN EXPOSED. SEEN FROM BEFORE.

Some of the longitudinal fibres are seen to pass on to the surface of the prostate gland, and others between the fasciculi of the levator ani muscle.

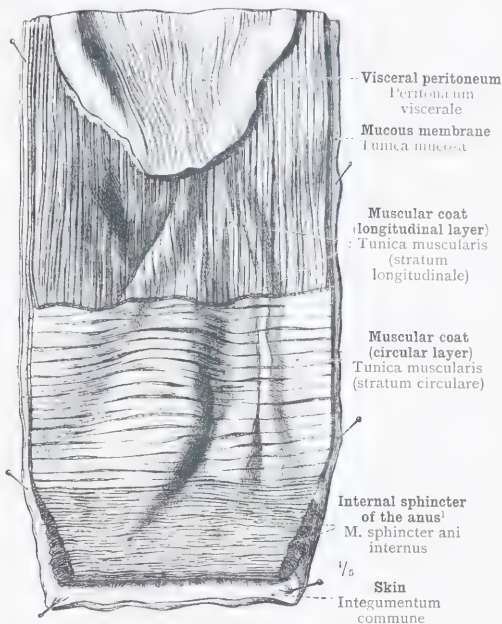


FIG. 735.—OUTER SURFACE OF THE RECTUM, WHICH HAS BEEN ISOLATED AND OPENED FROM BEHIND.

In the lower half the longitudinal layer of the muscular coat has been removed, in order to display the circular layer and the continuity of this latter with the internal or circular sphincter of the anus.

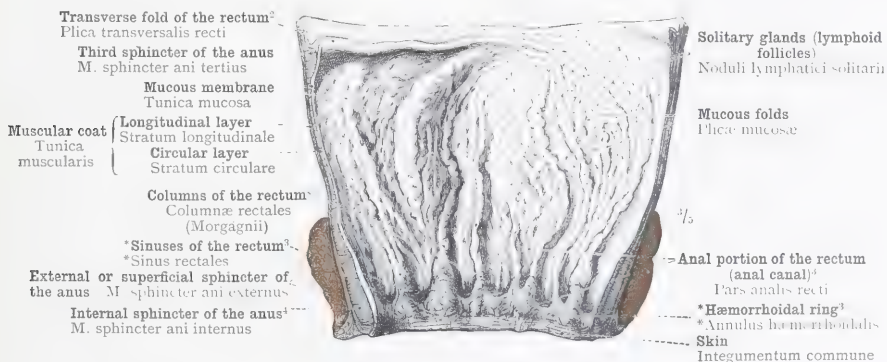


FIG. 736.—MUCOUS MEMBRANE OF THE LOWER PART OF THE RECTUM AND ITS CONTINUITY WITH THE SKIN.

¹ Known also as the *deep or circular sphincter of the anus*.

² See Appendix, note 12.

³ See Appendix, note 13.

⁴ Known also as the *deep or circular sphincter of the anus*.

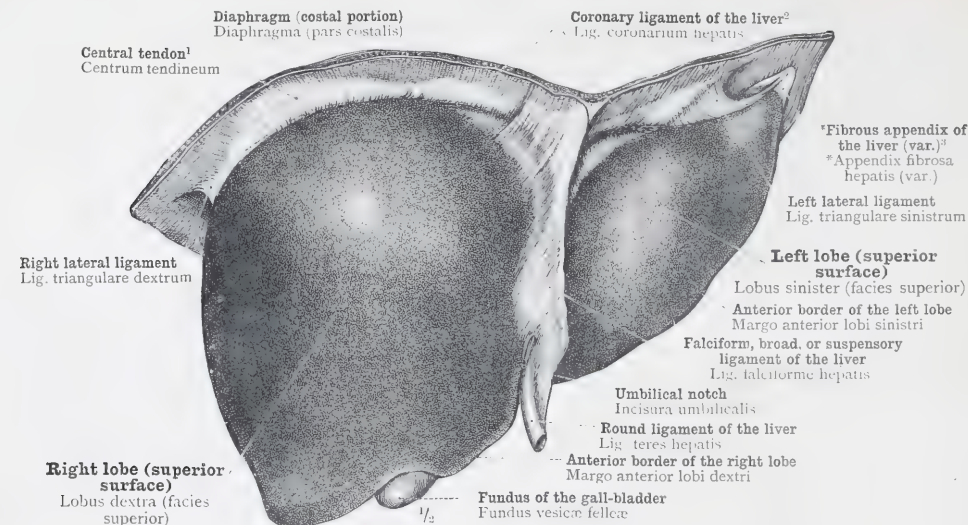


FIG. 737.—SUPERIOR SURFACE OF THE LIVER AND ITS ATTACHMENTS TO THE DIAPHRAGM.

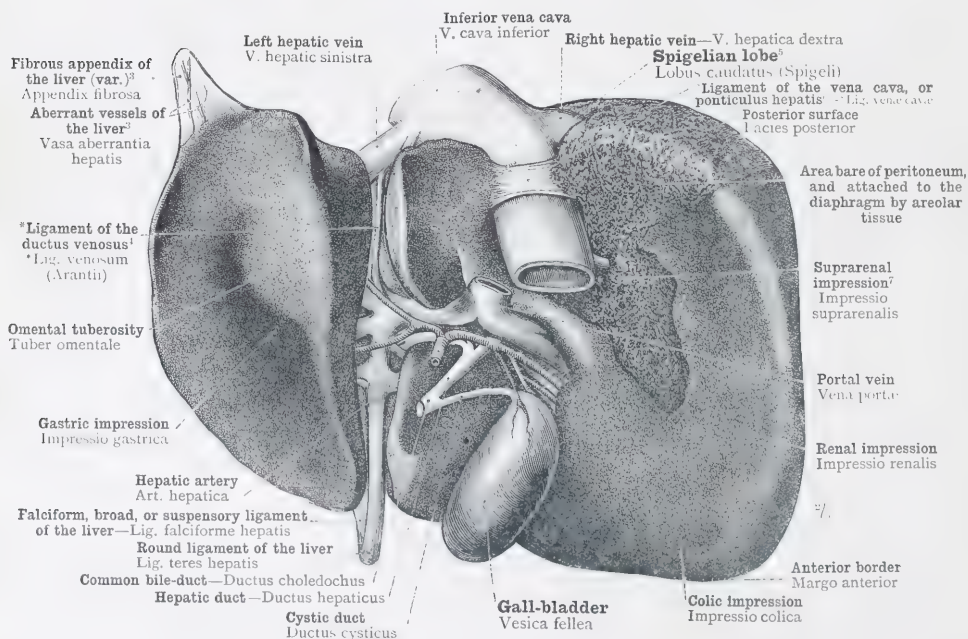


FIG. 738.—INFERIOR SURFACE OF THE LIVER; THE STRUCTURES OCCUPYING THE FISSURES OF THE ORGAN.

¹ Called also the *trefoil* or *cordiform* tendon of the diaphragm.

³ See Appendix, note 14.

⁶ See Appendix, note 17.

⁷ See Appendix, note 13.

⁵ See Appendix, note 16.

² Or adrenal impression.

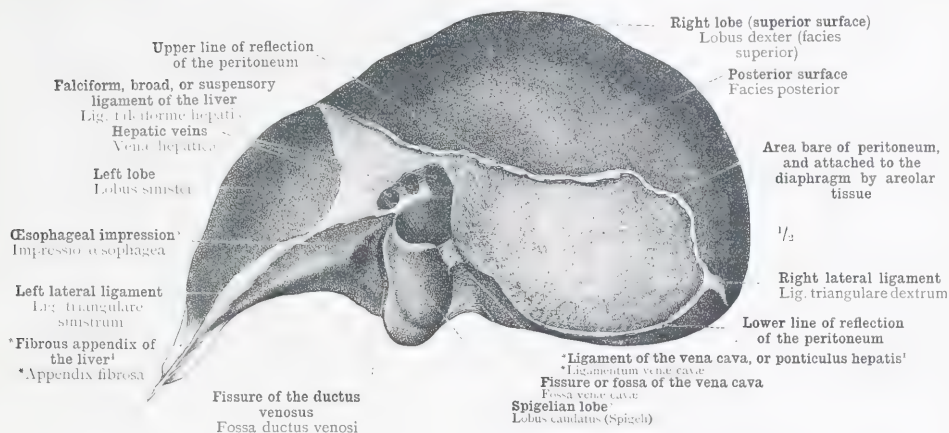


FIG. 739.—POSTERIOR SURFACE OF THE LIVER, WITH THE ORIFICES OF THE HEPATIC VEINS.

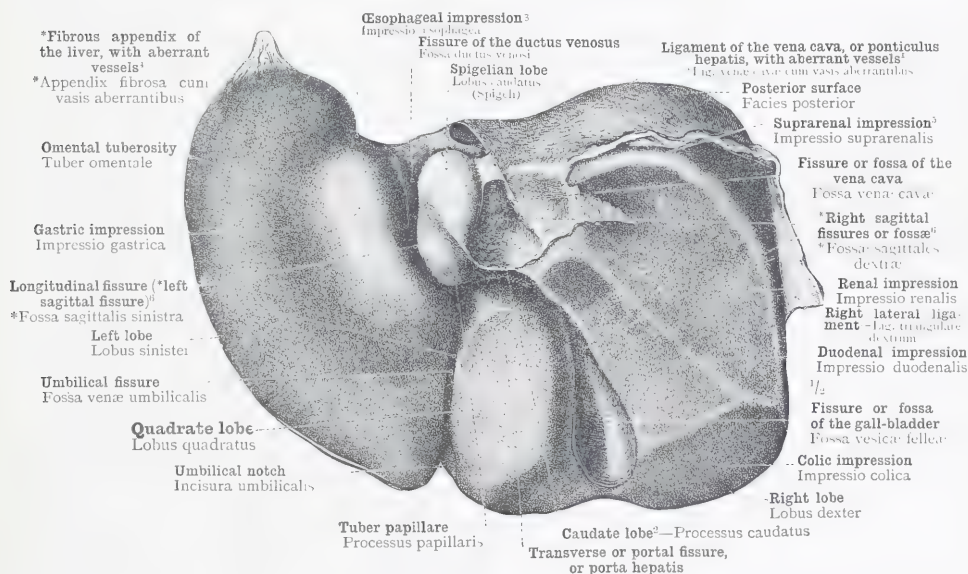


FIG. 740.—INFERIOR SURFACE OF A LIVER WHICH WAS HARDENED *IN SITU* BEFORE THE BODY WAS OPENED, THE STRUCTURES OCCUPYING THE FISSURES OF THE ORGAN HAVING BEEN ENTIRELY REMOVED.

¹ See Appendix, note 17.

² See Appendix, note 14.

³ Known also as the *oesophageal groove* or *oesophageal sulcus*.
Oesophageal impression.

⁴ *Normal Fissure*. This name is not used in England. The *umbilical fissure* and the *fissure of the ductus venosus* form the anterior and posterior parts, respectively, of the *low, valvular fissure*, of English anatomists, called by the author *fossa sagittalis sinistra*. The *fissure of the vena cava*, *inferior*, and the *fossa or fissure of the vena cava*, *superior*, are separated from one another by the caudate lobe, do not continue to form a single fissure. These are called by the author *fossae sagittales dextrae*. 15.

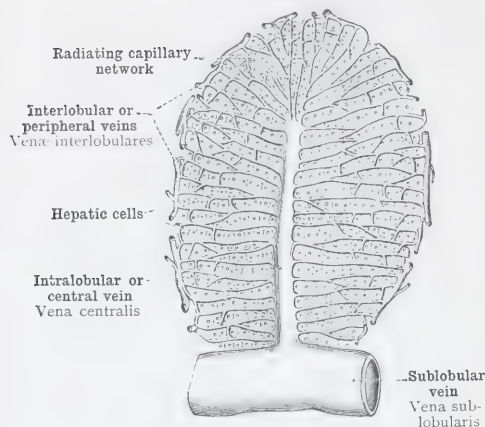


FIG. 741.—DIAGRAMMATIC REPRESENTATION OF A LONGITUDINALLY DIVIDED HEPATIC LOBULE, LOBULUS HEPATICUS. VENA CENTRALIS, INTRALOBULAR OR CENTRAL VEIN; VENÆ INTERLOBULARES, INTERLOBULAR OR PERIPHERAL VEINS; VENA SUBLOBULARIS, SUBLOBULAR VEIN.

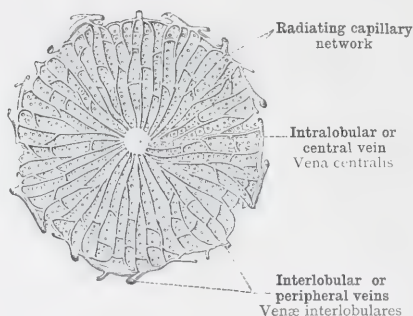


FIG. 742.—DIAGRAMMATIC REPRESENTATION OF A TRANSVERSELY-DIVIDED HEPATIC LOBULE. VENA CENTRALIS, INTRALOBULAR OR CENTRAL VEIN; VENÆ INTERLOBULARES, INTERLOBULAR VEINS.



¹ *Mucous Glands of the Biliary Ducts*.—Quain writes ("Anatomy," tenth ed., vol. iii., part iv., p. 135): "In the portal canals . . . the ducts present numerous openings on the inner surface which are scattered irregularly in the larger ducts, but in the subdivisions are arranged in two longitudinal rows, one at each side of the vessel. These openings were formerly supposed to be the orifices of mucous glands; but, while the main ducts are studded with true mucous glands of lobulated form and with minute orifices, the openings now referred to belong to saccular and tubular recesses, which are often branched and anastomosing, and may be beset all over with tubular projections (Theile)."—Tr.

FIG. 743.—VASA ABERRANTIA HEPATIS, ABERRANT BILIARY DUCTS, WITH MUCOUS GLANDS (GLANDULÆ MUCOSÆ BILIOSÆ), FROM ONE OF THE PORTAL CANALS, INJECTED WITH PRUSSIAN BLUE.

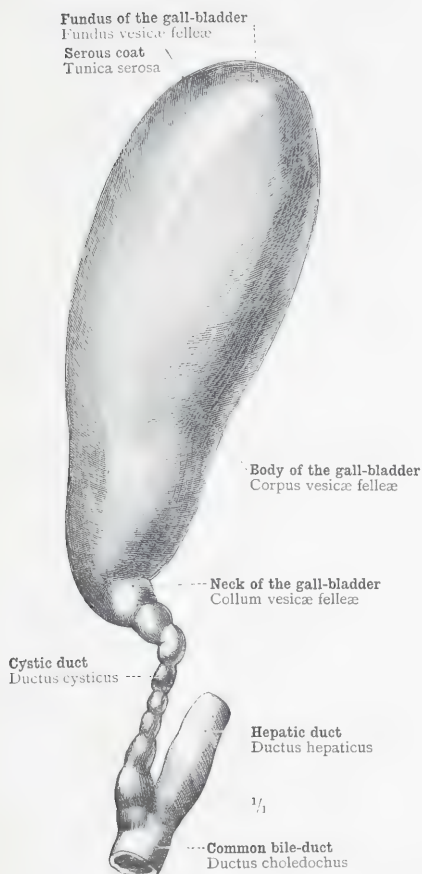


FIG. 744.—VESICA FELLEA, THE GALL-BLADDER, MODERATELY DISTENDED, WITH THE CYSTIC DUCT (DUCTUS CYSTICUS) AND THE JUNCTION OF THE LATTER WITH THE HEPATIC DUCT (DUCTUS HEPATICUS) TO FORM THE COMMON BILE-DUCT (DUCTUS COMMUNIS CHOLEDOCHUS).

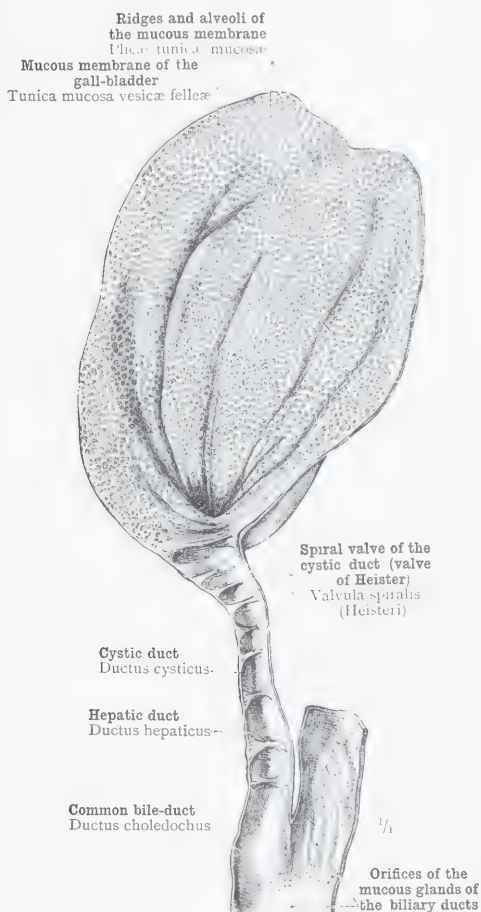


FIG. 745.—THE GALL-BLADDER AND THE CYSTIC DUCT, OPENED LONGITUDINALLY. VALVULA SPIRALIS (HEISTERI), THE SPIRAL VALVE OF THE CYSTIC DUCT, OR HEISTER'S VALVE.

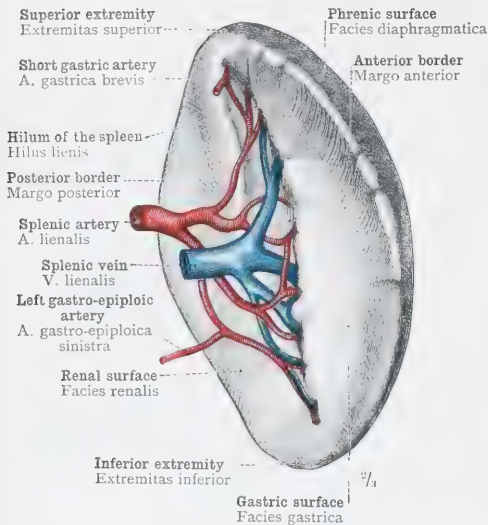


FIG. 746.—LIEN, THE SPLEEN, INNER OR GASTRIC ASPECT, WITH THE BRANCHING TERMINATION OF THE SPLENIC ARTERY AND VEIN LAID BARE.²

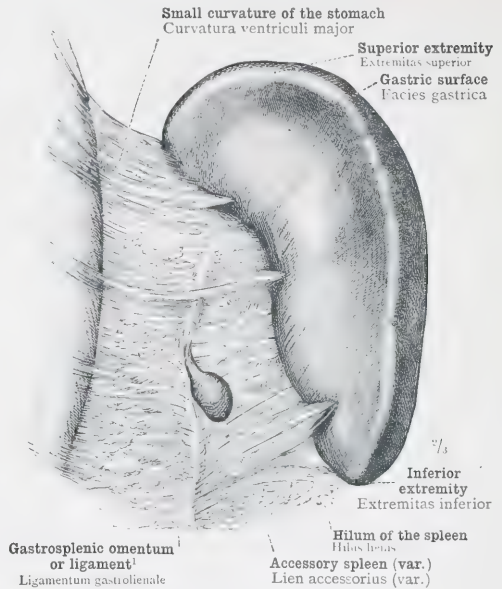


FIG. 747.—THE SPLEEN, WITH THE GASTRO-SPLENIC OMENTUM LEFT ATTACHED, SEEN FROM BEFORE. LIEN ACCESSORIUS, AN ACCESSORY SPLEEN.

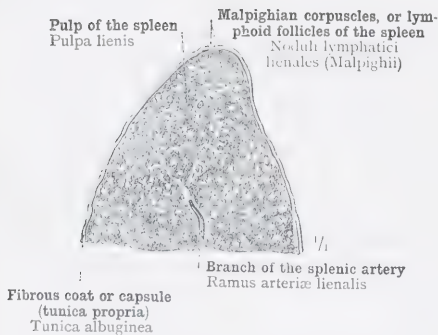


FIG. 748.—A PORTION OF THE CUT SURFACE OF THE SPLEEN OF A YOUNG MALE SUICIDE, IN WHICH THE MALPIGHIAN CORPUSCLES OR LYMPHOID FOLLICLES OF THE SPLEEN (NODULI LYMPHATICI LIENALES MALPIGHII) ARE VERY ABUNDANT.

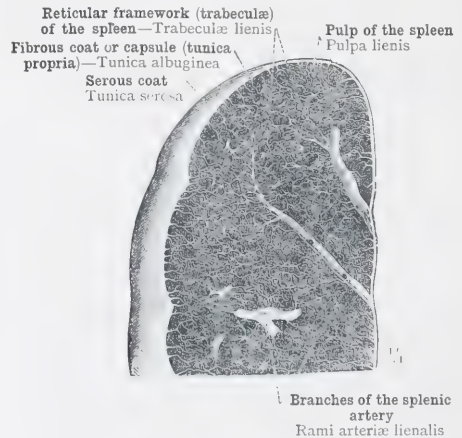
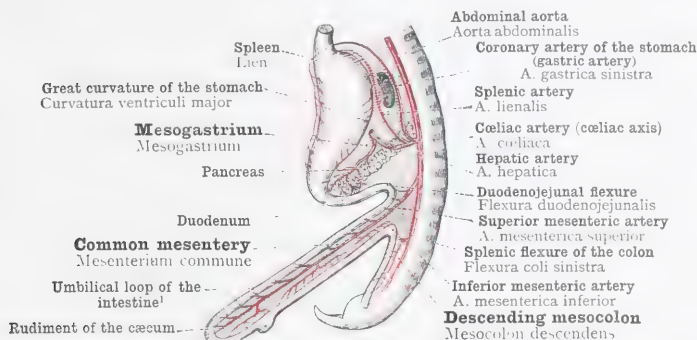


FIG. 749.—A PORTION OF THE CUT SURFACE OF A SPLEEN FROM WHICH THE PULP HAS BEEN PARTIALLY REMOVED BY LONG-CONTINUED AFFUSION WITH WATER, SO THAT THE FIBROUS FRAMEWORK OF THE ORGAN HAS BEEN ISOLATED.

¹ See Appendix, note 1.

² See Appendix, note 2.



¹ *Umbilical Loop of the Intestine*.—"The small intestine is . . . at first quite short and straight, with a wide aperture to the yolk-sac, but gradually lengthens as the communication with the yolk-sac becomes more contracted, and . . . develops a long V-shaped loop opposite the attachment of the vitelline duct."—Quain, *op. cit.*, vol. I., part I., p. 104.

FIG. 750.—CONDITION OF THE HUMAN ALIMENTARY CANAL AND MESENTERY IN THE SIXTH WEEK OF INTRA-UTERINE LIFE. DIAGRAMMATIC.

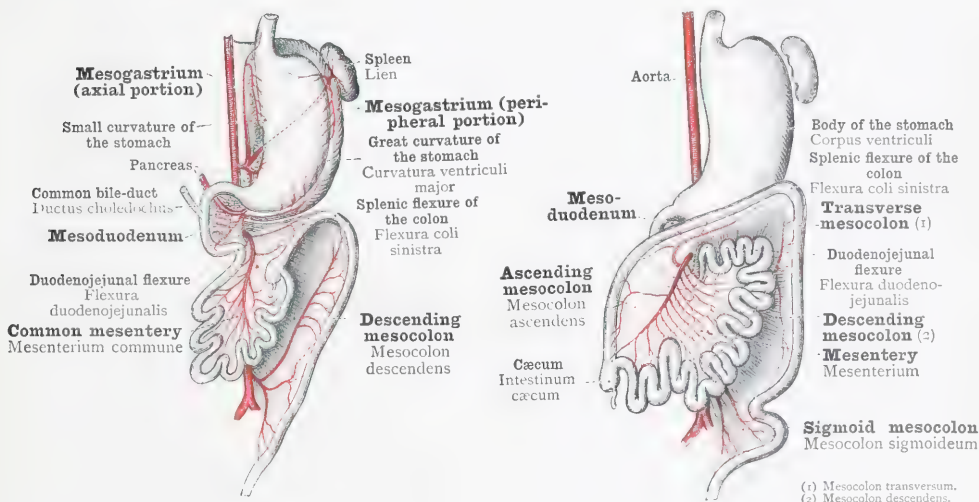


FIG. 751.—CONDITION OF THE HUMAN ALIMENTARY CANAL AND MESENTERY IN THE EIGHTH WEEK OF INTRA-UTERINE LIFE. DIAGRAMMATIC.

FIG. 752.—CONDITION OF THE HUMAN ALIMENTARY CANAL AND MESENTERY IN THE MIDDLE OF THE FOURTH MONTH OF INTRA-UTERINE LIFE (MONTHS OF FOUR WEEKS EACH). DIAGRAMMATIC.

Peritonæum—Peritoneum.—Mesenterium—Mesentery.

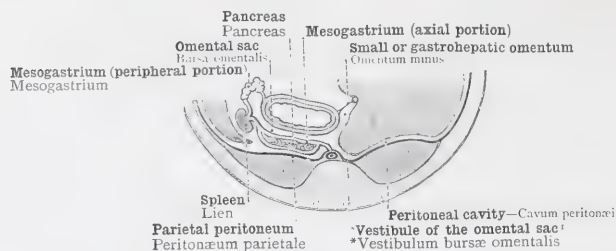


FIG. 753.—MESOGASTRIUM AND OMENTAL SAC (BURSA OMENTALIS, LESSER CAVITY OF THE PERITONEUM) BEFORE THE ADHESION OF THE AXIAL PORTION OF THE MESOGASTRIUM TO THE PARIETAL PERITONEUM. BEGINNING OF THE THIRD MONTH OF INTRA-UTERINE LIFE (MONTHS OF FOUR WEEKS EACH). TRANSVERSE SECTION. DIAGRAMMATIC.

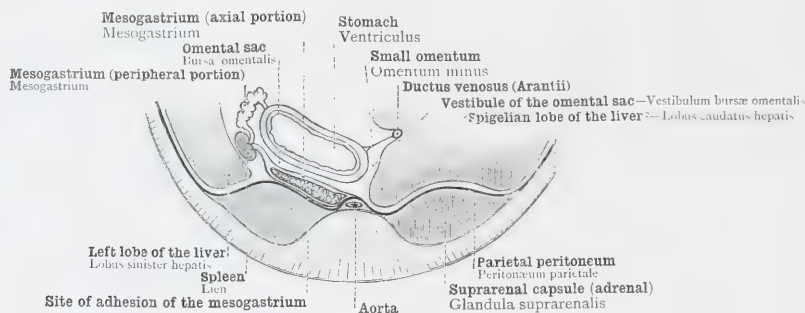


FIG. 754.—MESOGASTRIUM AND OMENTAL SAC (BURSA OMENTALIS, LESSER CAVITY OF THE PERITONEUM) AFTER THE ADHESION OF THE AXIAL PORTION OF THE MESOGASTRIUM TO THE PARIETAL PERITONEUM. END OF THE FOURTH MONTH OF INTRA-UTERINE LIFE (MONTHS OF FOUR WEEKS EACH). TRANSVERSE SECTION. DIAGRAMMATIC.

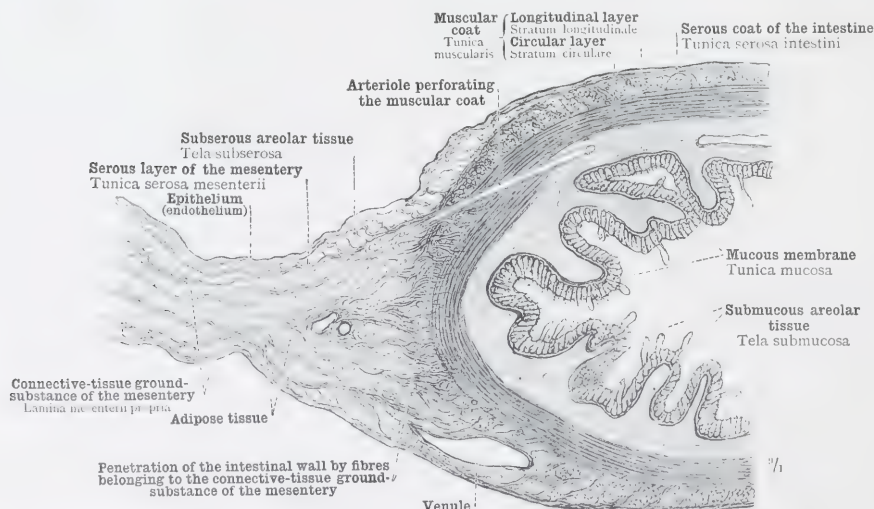
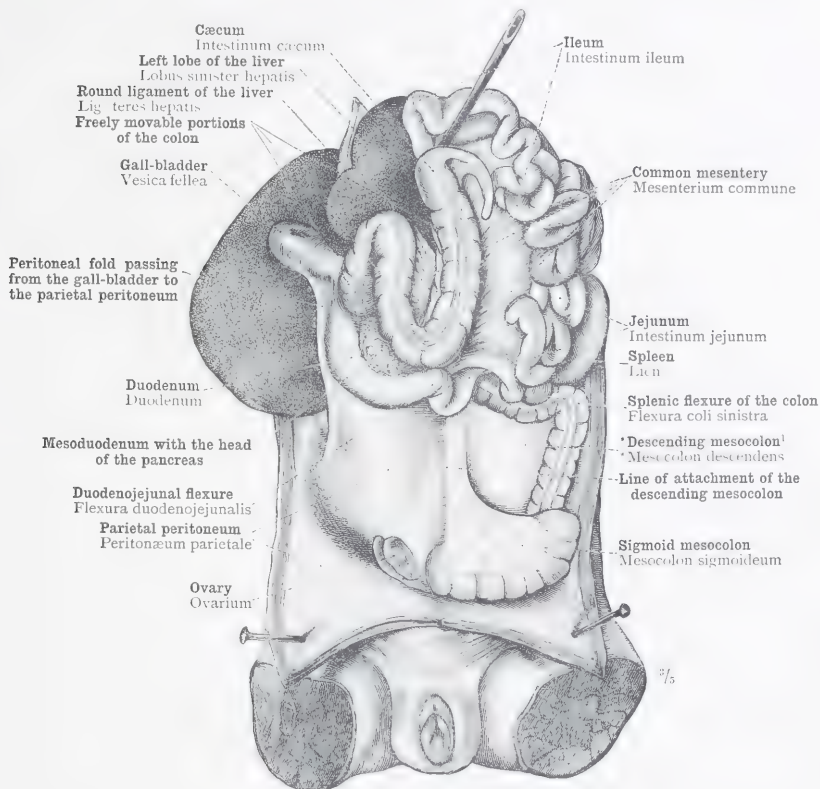


FIG. 755.—THE MESENTERY OF THE SMALL INTESTINE AND ITS ATTACHMENT TO THE INTESTINE. TRANSVERSE SECTION.

* See note to p. 479.

† See Appendix, note 1st.

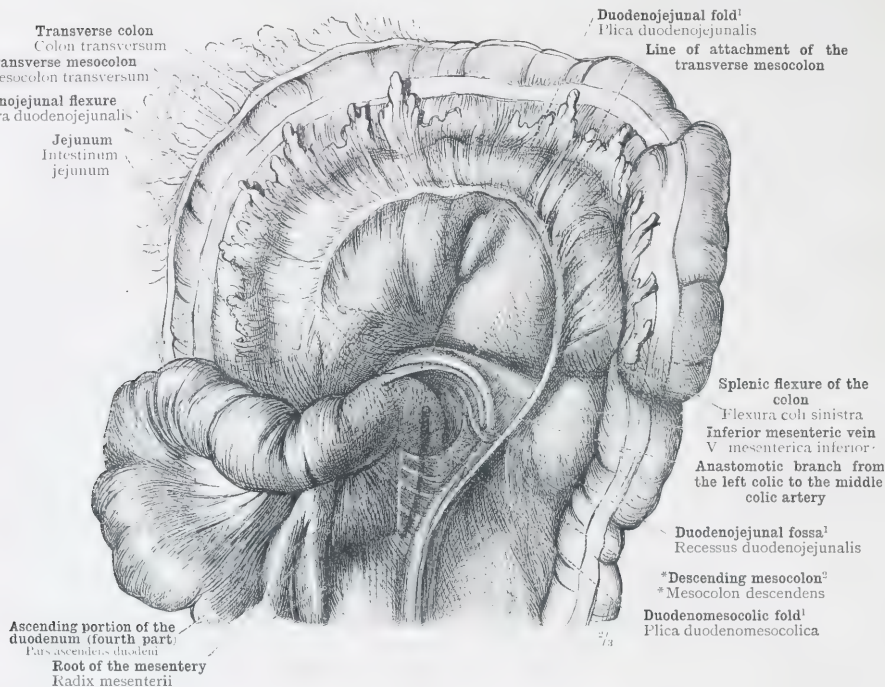


¹ *Descending Mesocolon.—I follow the author in the use of this term for the peritoneum internal to the descending colon. In England, however, the use of the term *mesentery* is usually restricted to the peritoneal folds suspending *freely movable* portions of the alimentary canal, and is no longer applied in cases in which, as here in the case of the descending mesocolon, the originally free mesentery has become adherent to the parietal peritoneum. The existence of a distinct *descending mesocolon* (in the English sense of the term) is rare.—TR.

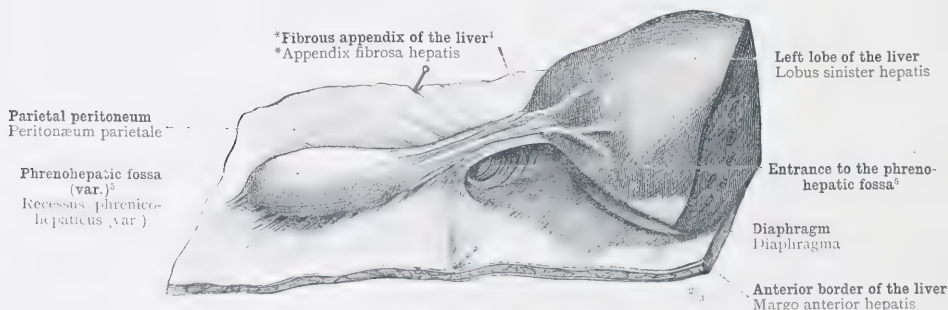
FIG. 756.—MESENTERIUM COMMUNE, COMMON MESENTERY, OF AN INFANT AGED THREE WEEKS (VARIETY).

The adhesion of the duodenum to the parietal peritoneum of the posterior wall of the abdominal cavity has taken place after the normal manner; but the adhesion of the colon and of the ascending mesocolon to the anterior surface of the duodenum and to the posterior wall of the abdominal cavity has failed to take place, so that the ascending colon is freely movable, and has been turned upwards with the cæcum and the coils of the jejunum and ileum; the delimitation of the ascending colon from the transverse colon is lacking. The ascending mesocolon combines with the transverse mesocolon and the mesentery of the small intestine to form a freely movable common mesentery, which corresponds to the mesentery of the primitive umbilical loop of the intestine (see Fig. 750 on page 451, and note ¹ to that page). In the right half of the lower part of the abdominal cavity the primary parietal peritoneum remains exposed; whereas in the left half the parietal peritoneum is, as is normally the case, represented by the anterior layer of the adherent descending mesocolon (see note ¹ above).

Peritonæum—Peritoneum.—Mesenterium—Mesentery.

FIG. 757.—RECESSUS DUODENOJEJUNALIS, DUODENOJEJUNAL FOSSA.³

The transverse colon has been turned upwards; the jejunum and ileum have been pushed as far to the right as possible, to expose the duodenojejunal flexure, the lower (posterior) surface of the transverse mesocolon, and the *descending mesocolon. A sound has been passed into the lower part of the duodenojejunal fossa (*i.e.*, the inferior duodenal fossa—see Appendix, note ²⁰), which extends beside the ascending portion of the duodenum for its whole length, and is bounded in front by the duodenomesocolic fold (inferior duodenal fold).

FIG. 758.—RECESSUS PHRENICOHEPATICUS, PHRENOHEPATIC FOSSA.⁶ A PORTION OF THE LEFT LOBE OF THE LIVER, WITH THE FIBROUS APPENDIX OF THE LIVER, AND A PORTION OF THE DIAPHRAGM.¹ See Appendix, note 2.⁴ See Appendix, note 14.² See note 1 to p. 453.⁵ See Appendix, note 22.¹ See Appendix, note 21.

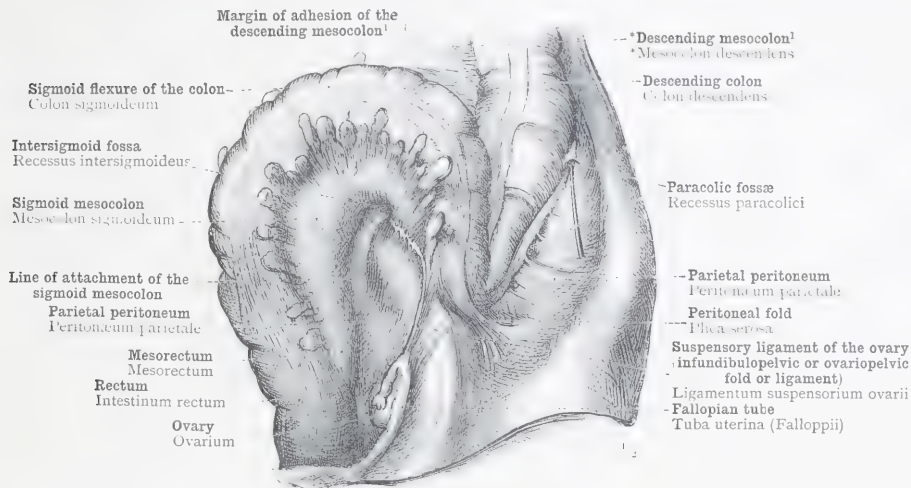


FIG. 759.—RECESSUS INTERSIGMOIDEUS, INTERSIGMOID FOSSA; RECESSUS PARACOLICI, PARACOLIC FOSSÆ. LEFT ILIAC FOSSA WITH THE LEFT LATERAL WALL OF THE PELVIS. THE SIGMOID MESOCOLON PASSING INTO THE MESORECTUM. SEEN FROM BEFORE.

The sigmoid flexure has been drawn upwards.

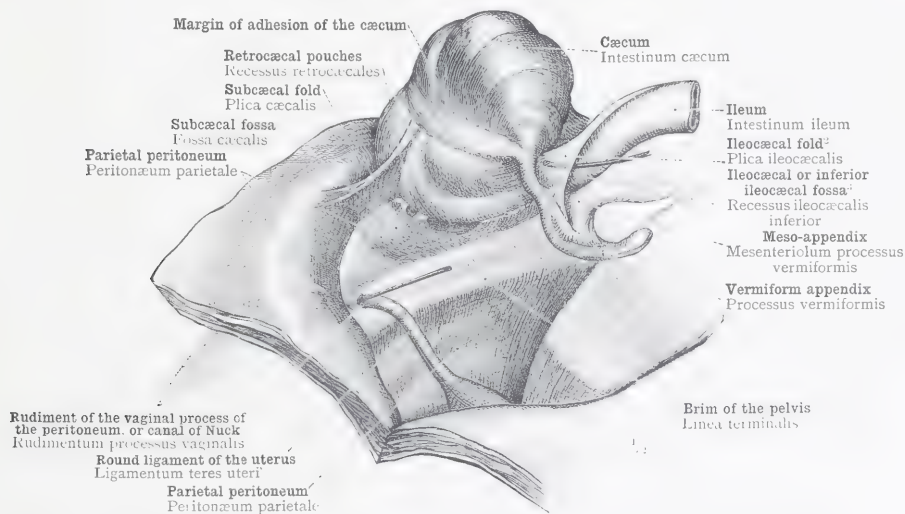


FIG. 760.—FOSSA CÆCALIS, SUBCÆCAL FOSSA; RECESSUS RETROCÆCALES, RETROCÆCAL POUCHES; RECESSUS ILEOCÆCALIS INFERIOR, INFERIOR ILEOCÆCAL FOSSA. RIGHT ILIAC FOSSA WITH THE RIGHT LATERAL WALL OF THE PELVIS. SEEN OBliquely FROM BEFORE AND THE LEFT SIDE.

The cæcum has been drawn upwards.

¹ See note ¹ to p. 453.

² Called by Treves the *blind fold*.—TR.

³ See Appendix, L. 100.

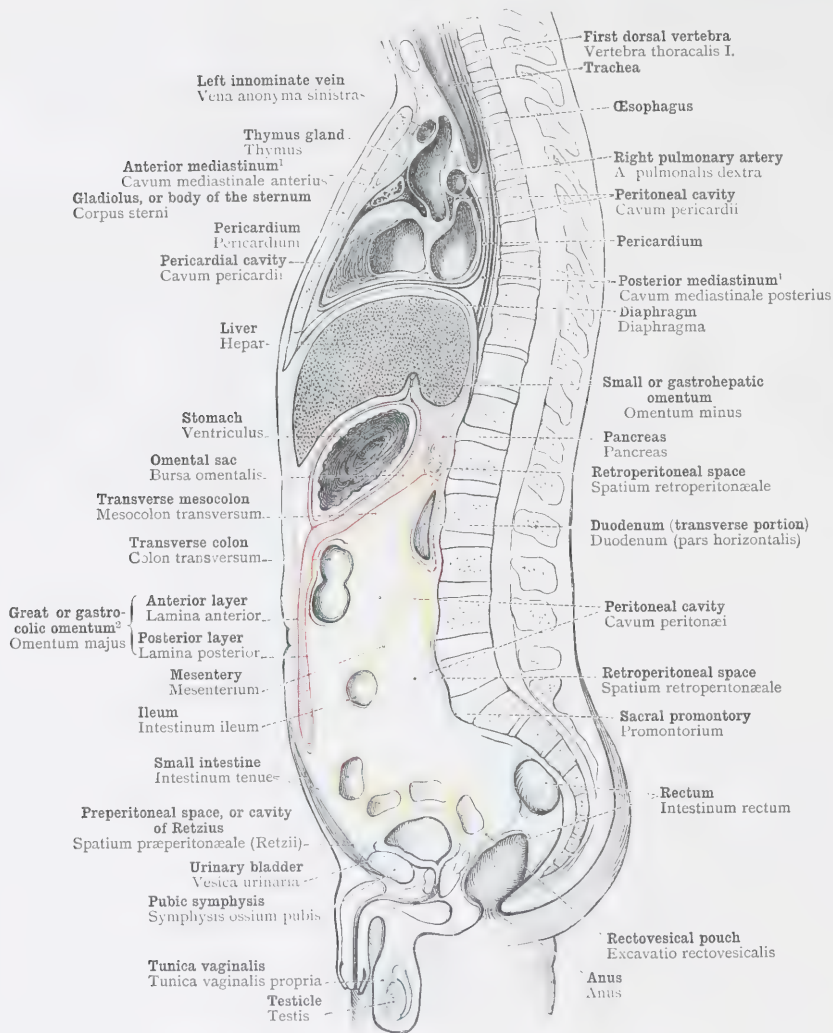
¹ See Appendix, note 4.² *Lophos*, the Greek word for omentum, is occasionally used to denote the great omentum.—Tr.³ The visceral layer of peritoneum covering the liver is indicated in the diagram by a coloured line.—Tr.

FIG. 761.—DIAGRAMMATIC REPRESENTATION OF THE NORMAL COURSE AND ARRANGEMENT OF THE PERITONEUM, THE MESENTERY, AND THE OMENTAL SAC.

The blue lines indicate the primary parietal peritoneum; the red lines, the mesogastrium; and the yellow lines, the visceral peritoneum, including the mesentery. The continuous lines indicate the free surfaces of the peritoneum; the dotted lines, those parts of the peritoneum in which, owing to secondary adhesion, the free surfaces have disappeared (see note above).

Peritonæum—Peritoneum.—Mesenterium—Mesentery.

APPARATUS RESPIRATORIUS
RESPIRATORY ORGANS

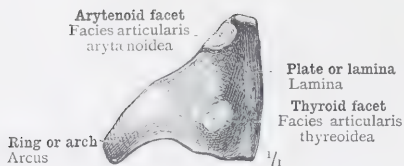


FIG. 762.—SEEN FROM THE LEFT SIDE.

CARTILAGO CRICOIDEA, THE CRICOID CARTILAGE.

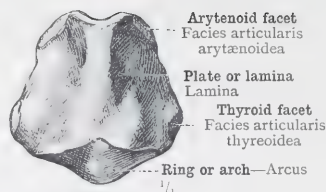


FIG. 763.—SEEN FROM BEHIND.

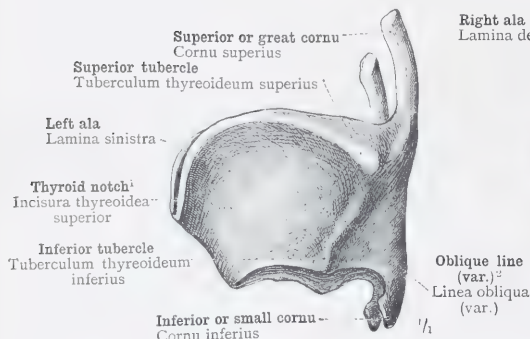


FIG. 764.—SEEN FROM THE LEFT SIDE.

CARTILAGO THYREOIDEA, THE THYROID CARTILAGE.

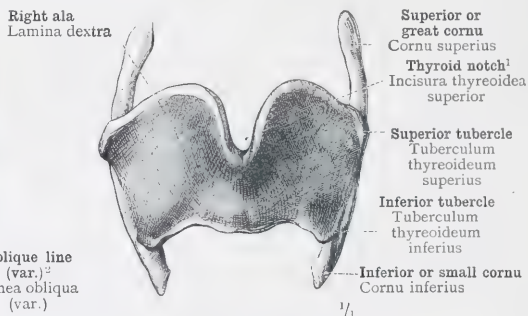


FIG. 765.—SEEN FROM BEFORE.

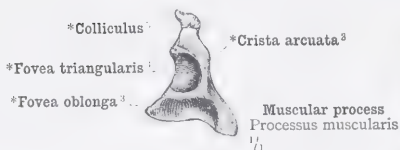


FIG. 766.—SEEN FROM THE OUTER SIDE.



FIG. 767.—SEEN FROM BEHIND.

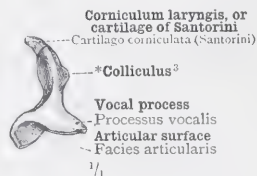


FIG. 768.—SEEN FROM THE INNER SIDE.

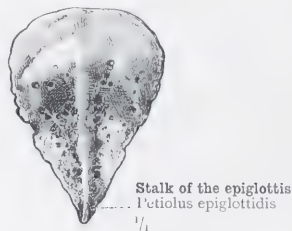
CARTILAGO ARYTENOIDEA SINISTRA, THE LEFT ARYTENOID CARTILAGE,³ WITH THE CORNICULUM LARYNGIS, OR CARTILAGE OF SANTORINI.

FIG. 769.—CARTILAGO EPICLOTICA, CARTILAGE OF THE EPIGLOTTIS. SEEN FROM BEHIND.

¹ Or great median notch of the thyroid cartilage.
² See Appendix, note 2.
³ See Appendix, note 2.

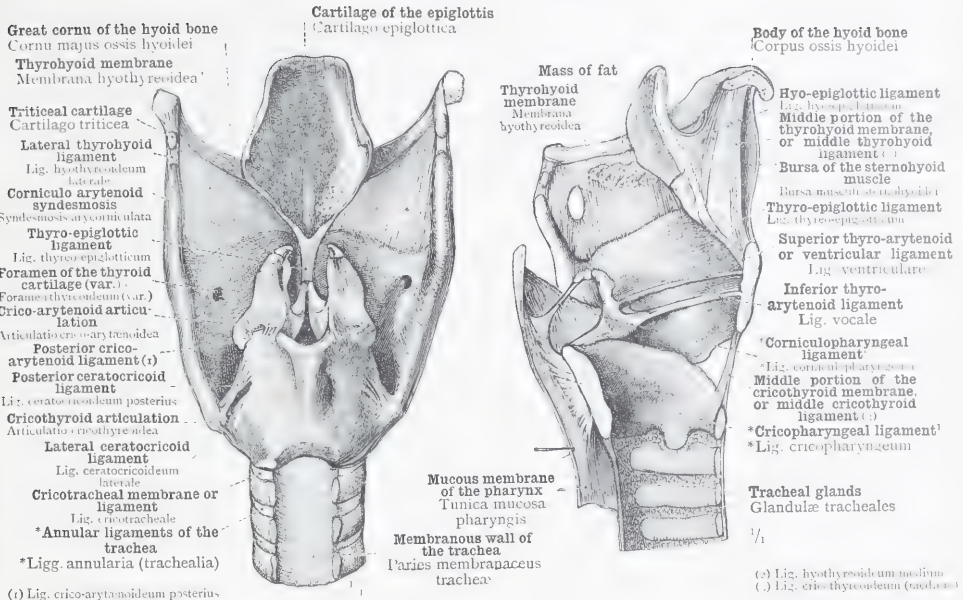


FIG. 770.—LIGAMENTS OF THE LARYNX, AND THE THYROID MEMBRANE, SEEN FROM BEHIND.

FIG. 771.—LIGAMENTS OF THE LARYNX, AND THE THYROID MEMBRANE, SHOWN IN THE LEFT HALF OF A SAGITTALLY-HEMISECTED LARYNX. SEEN FROM WITHIN.

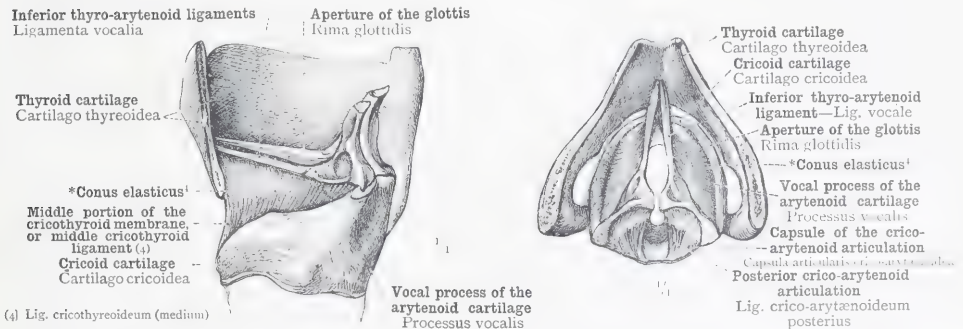


FIG. 772.—*CONUS ELASTICUS*,¹ WITH THE INFERIOR THYRO-ARYTENOID LIGAMENTS, WHICH LATER FORM THE ELASTIC ELEMENTS OF THE TRUE VOCAL CORDS (PLICÆ VOCALIS). SEEN FROM THE LEFT SIDE.

The parts have been laid bare by the removal of the greater part of the left ala of the thyroid cartilage.

FIG. 773.—*CONUS ELASTICUS*,¹ WITH THE INFERIOR THYRO-ARYTENOID LIGAMENTS, DISPLAYED FROM ABOVE BY THE REMOVAL OF THE UPPER PORTIONS OF THE ALA OF THE THYROID CARTILAGE AND THE SOFT PARTS INTERNAL TO THE ALA.

¹ See Appendix, note 27.

² See Appendix, note 2.

³ See Appendix, note 28.

⁴ See Appendix, note 28.

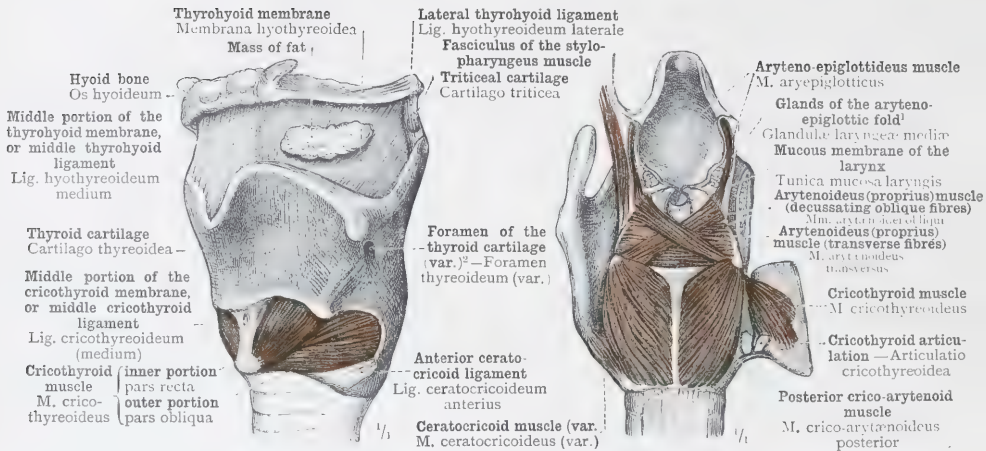


FIG. 774.—THE LARYNX WITH THE THYROID MEMBRANE AND THE CRICOTHYROID MUSCLE, SEEN OBliquELY FROM THE LEFT SIDE AND BEFORE.

FIG. 775.—THE MUSCLES OF THE LARYNX SEEN FROM BEHIND.

The right ala of the thyroid cartilage has been in part removed.

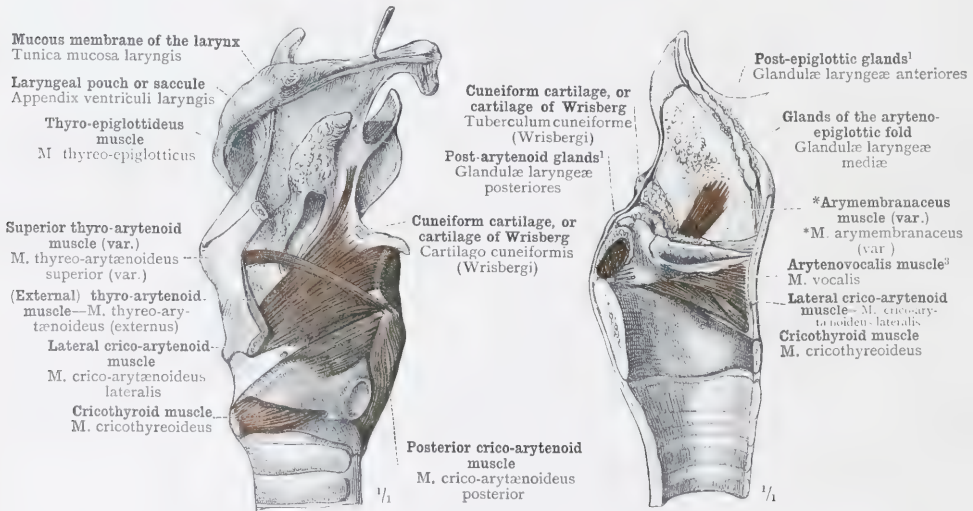


FIG. 776.—THE MUSCLES OF THE LARYNX AS SEEN FROM THE LEFT SIDE AFTER THE REMOVAL OF THE GREATER PART OF THE LEFT ALA OF THE THYROID CARTILAGE.

The laryngeal pouch or sacculus (the recess leading upward from the anterior part of the ventricle) is unusually large.

FIG. 777.—THE MUSCLES AND MUCOUS GLANDS OF THE LARYNX, AS SEEN FROM WITHIN IN THE LEFT HALF OF A SAGITTALLY-HEMISECTED LARYNX.

Part of the mucous membrane covering the true and false vocal cords has been left *in situ*.

¹ See Appendix, note ¹¹.

² See Appendix, note ²⁰.

³ *Arytenovocalis* muscle.—This is called by Ludwig *portia aryvocalis musculti thyreo-arytenoidei*.—Tr.

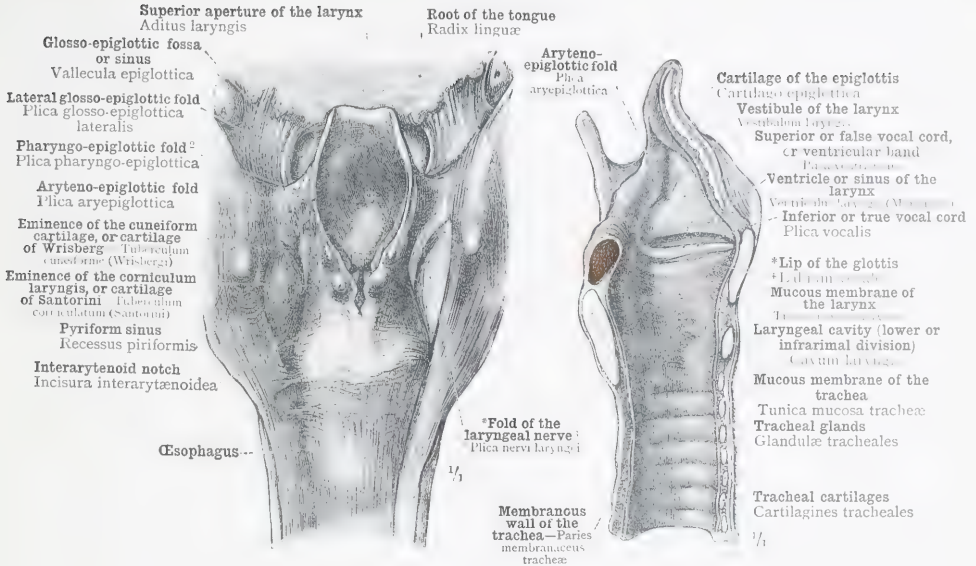


FIG. 778.—ANTERIOR WALL OF THE LARYNGEAL PART OF THE PHARYNX WITH THE SUPERIOR APERTURE OF THE LARYNX.

The posterior wall of the pharynx has been divided along the median line, and the lateral walls have been turned outwards.

FIG. 779.—LEFT HALF OF A SAGITTALLY-HEMISECTED LARYNX. PLICA VOCALIS, INFERIOR OR TRUE VOCAL CORD; PLICA VENTRICULARIS, SUPERIOR OR FALSE VOCAL CORD, OR VENTRICULAR BAND; VENTRICULUS LARYNGIS, VENTRICLE OR SINUS OF THE LARYNX.

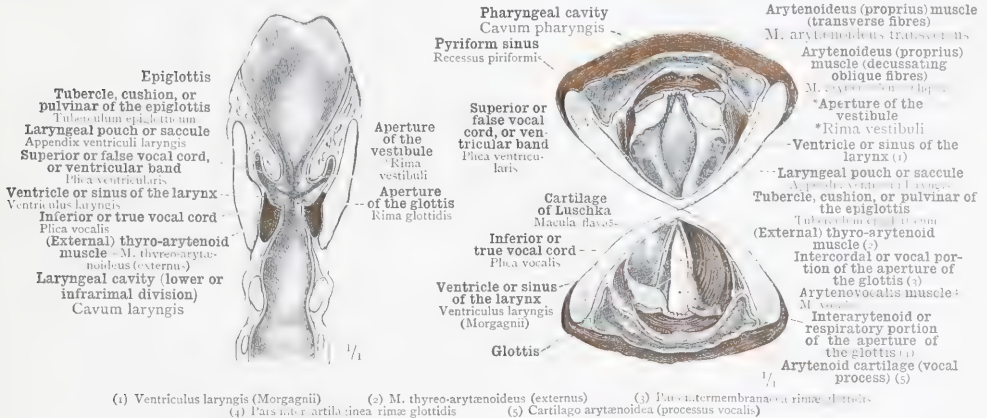


FIG. 780.—ANTERIOR HALF OF A CORONALLY-DIVIDED LARYNX. THE VOCAL APPARATUS, OR GLOTTIS; THE APERTURE OF THE GLOTTIS, RIMA GLOTTIDIS; THE INFERIOR OR TRUE VOCAL CORD, PLICA VOCALIS, WITH THE LABIUM Vocale; THE SUPERIOR OR FALSE VOCAL CORD, OR VENTRICULAR BAND, PLICA VENTRICULARIS; THE VENTRICLE OR SINUS OF THE LARYNX, VENTRICULUS LARYNGIS, AND THE LARYNGEAL POUCH OR SACCULE, APPENDIX VENTRICULI LARYNGIS.

¹ See Appendix, note 32.

² See note 7 to p. 415.

³ See note 1 to p. 424.

⁴ See note 1 to p. 424.

⁵ See Appendix, note 32.

FIG. 781.—UPPER AND LOWER HALVES OF A LARYNX, DIVIDED INTO TWO PARTS BY A HORIZONTAL SECTION PASSING THROUGH THE VENTRICLES OF THE LARYNX, WITH THE ADJACENT PART OF THE PHARYNX.

In the lower half on the right side the mucous membrane of the ventricle of the larynx has been removed, to show the arytenovocalis⁴ and (external) thyro-arytenoid muscles.

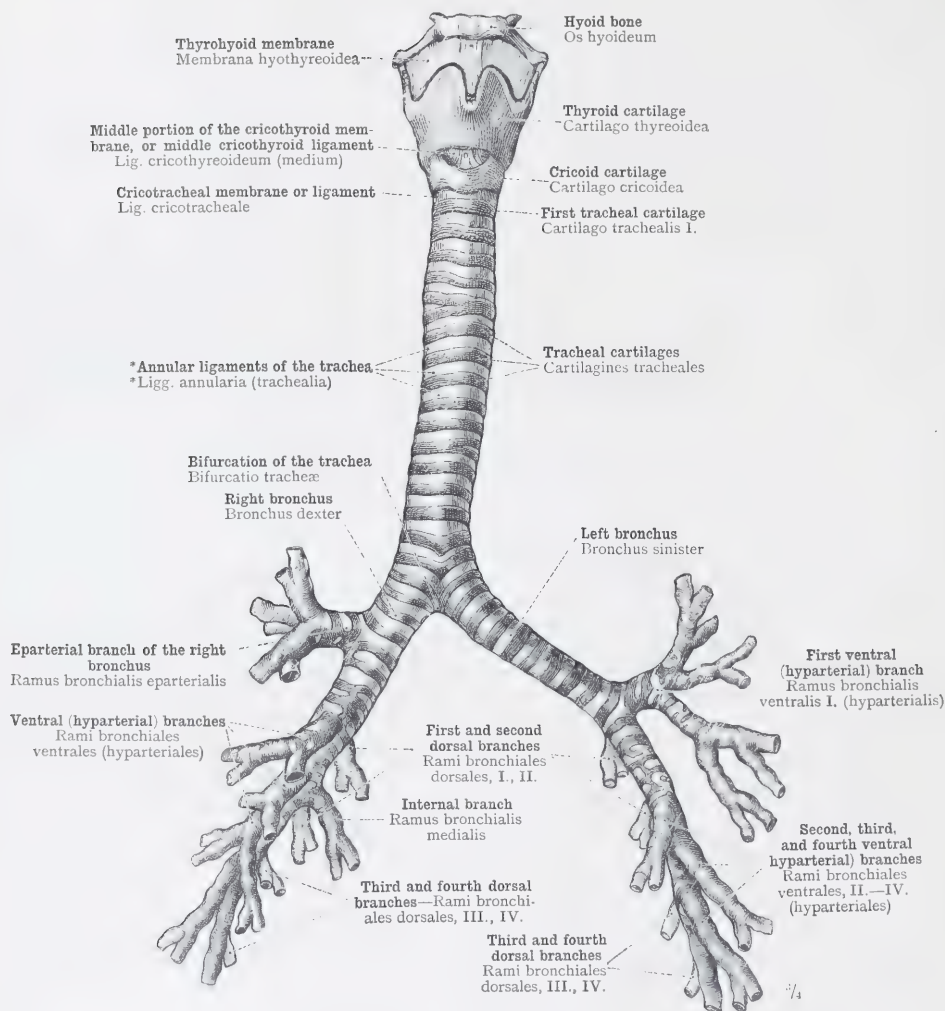


FIG. 782.—THE TRACHEA, ITS BIFURCATION INTO THE RIGHT AND LEFT BRONCHIAL TRUNKS (BRONCHI), AND THE LARGER SUBDIVISIONS OF THESE (RAMI BRONCHIALES). SEEN FROM BEFORE.

The air-passages were filled with tallow before opening the thorax. Subsequently the parts were dissected out and dried.

The Trachea and the Bronchial Ramification.

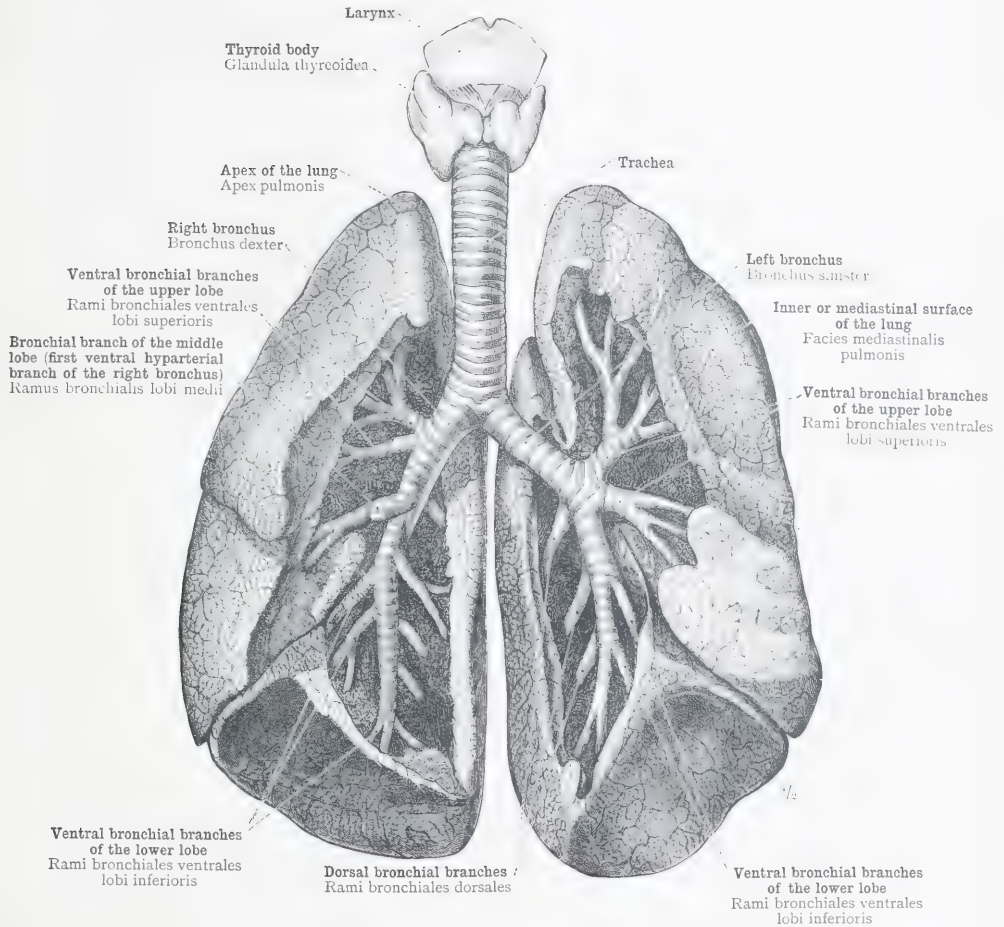


FIG. 783.—THE TRACHEA, ITS BIFURCATION INTO THE RIGHT AND LEFT BRONCHIAL TRUNKS (BRONCHI), AND THE LARGER SUBDIVISIONS OF THESE (RAMI BRONCHIALES). RELATIONS OF THE BRONCHIAL BRANCHES TO THE LOBES OF THE LUNG AND TO THE DIFFERENT REGIONS OF THESE LOBES. SEEN FROM BEFORE.

After the lungs had been steeped in alcohol, the bronchial tubes were exposed from the inner or mediastinal surface of the lungs by the removal of the portions of lung tissue by which they were covered. The lungs were drawn a little apart from one another anteriorly.

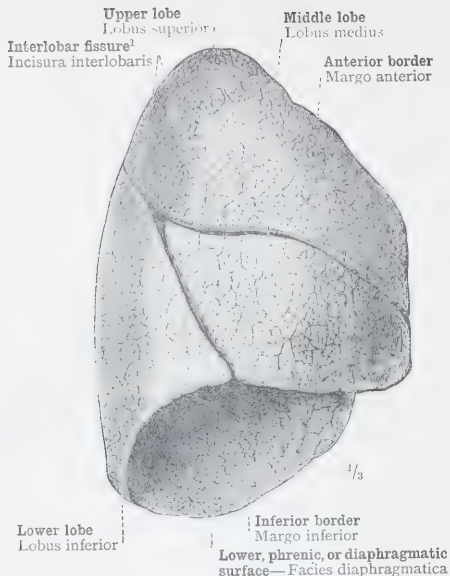


FIG. 784.—RIGHT LUNG. OUTER OR COSTAL SURFACE.

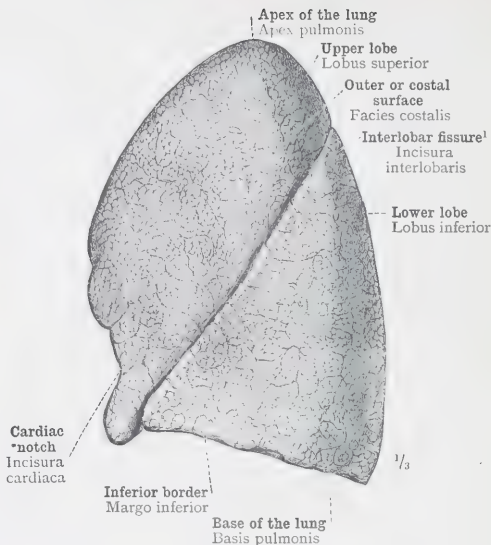


FIG. 785.—LEFT LUNG. OUTER OR COSTAL SURFACE.

¹ *Fissures of the Lung.*—The single fissure of the left lung, and the lower, more oblique, of the two fissures of the right lung, are sometimes distinguished as *great fissures* from the upper, nearly horizontal fissure of the right lung, which may be called the *supplementary fissure*.—*Tr.*

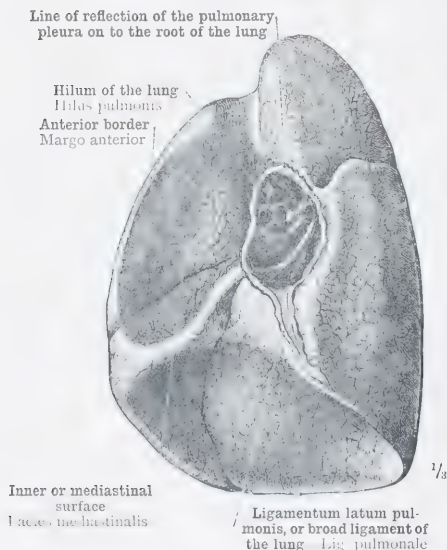


FIG. 786.—RIGHT LUNG. INNER OR MEDIASTINAL SURFACE, WITH THE HILUM Laid BARE BY THE REMOVAL OF THE STRUCTURES FORMING THE ROOT OF THE LUNG.

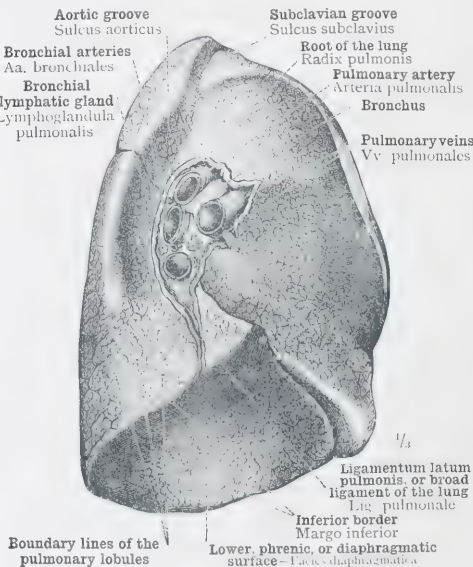


FIG. 787.—LEFT LUNG. INNER OR MEDIASTINAL SURFACE, WITH THE ROOT OF THE LUNG CUT ACROSS.

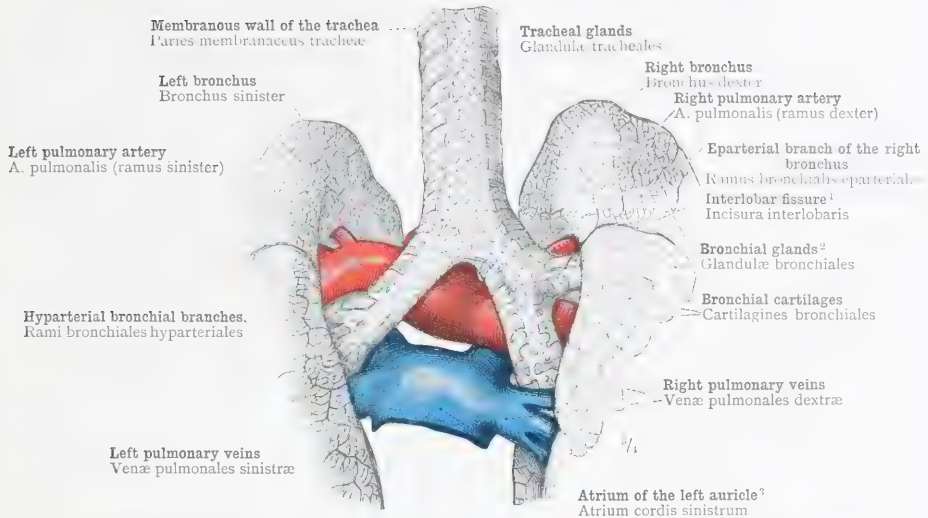
¹ See note 1 to p. 464.² *Bronchial glands*.—These are small mucous glands in the walls of the bronchi, and must not be confounded with the *tracheal glands*.³ See note 3 to p. 411.

FIG. 788.—ROOTS OF THE LUNGS, RADICES PULMONUM, SEEN FROM BEHIND. MUTUAL RELATIONS OF THE PULMONARY ARTERY, THE PULMONARY VEINS, THE MAIN BRONCHIAL TRUNK, AND THE PRIMARY BRONCHIAL BRANCHES, AS THEY ENTER THE HILUM OF EACH LUNG.

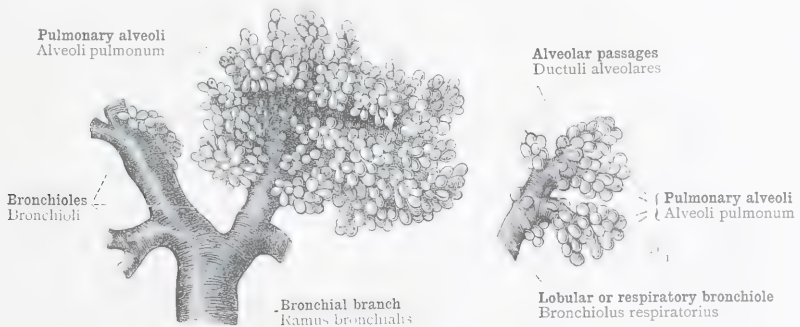


FIG. 789.—ULTIMATE EXTREMITIES OF THE AIR-PASSAGES.

After filling the bronchial ramification with resin, the lung tissue surrounding the air-passages was removed by maceration in hydrochloric acid.

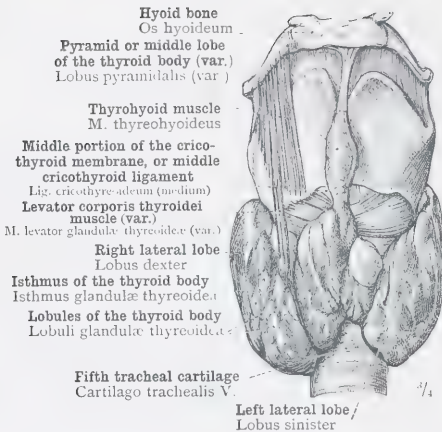


FIG. 790.—GLANDULA THYREOIDEA, THE THYROID BODY, WITH THE LARYNX AND TRACHEA, SEEN FROM BEFORE.

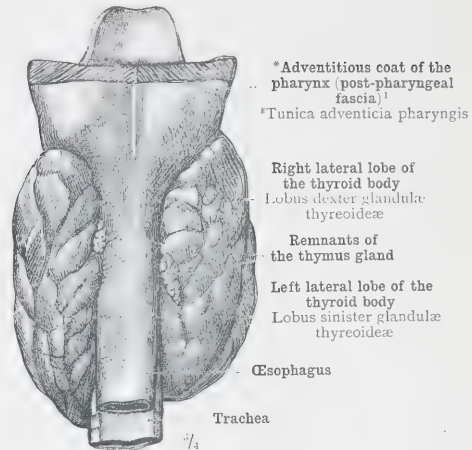


FIG. 791.—THE THYROID BODY, WITH THE ŒSOPHAGUS, SEEN FROM BEHIND.

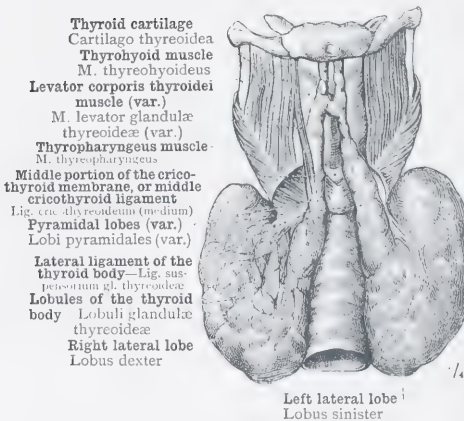


FIG. 792.—GLANDULA THYREOIDEA, THE THYROID BODY, WITH THE ISTHMUS WANTING, AND WITH BILATERAL PYRAMIDAL LOBES (VARIETY).

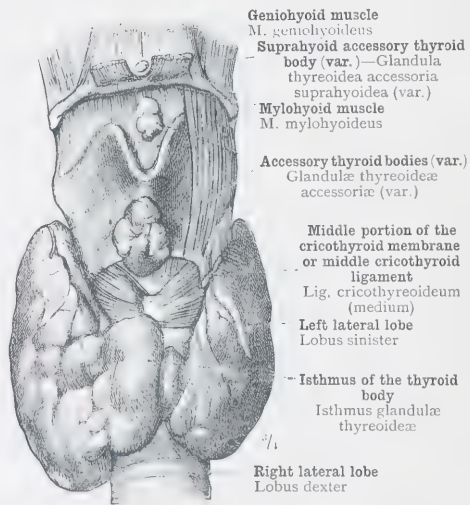


FIG. 793.—THYROID BODY WITH SEVERAL ACCESSORY THYROIDS; ONE OF THE LATTER IS SITUATE ABOVE THE HYOID BONE, BEHIND THE MYLOHYOID MUSCLE.

¹ See Appendix, note 3

² See note 1, p. 123.

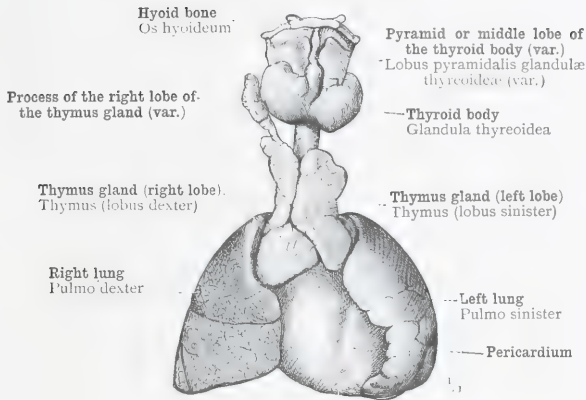
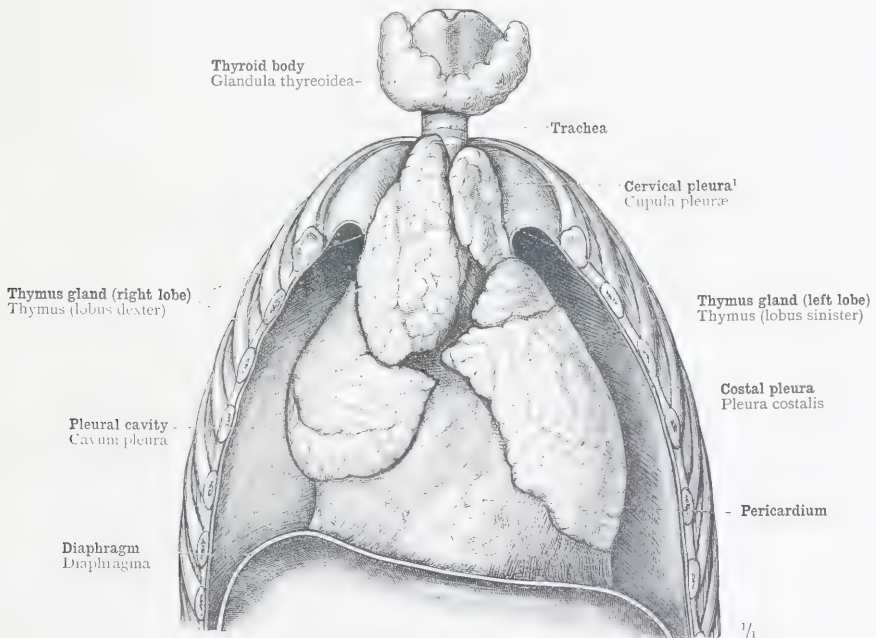


FIG. 794.—THE THYMUS GLAND, WITH THE THYROID BODY, THE PERICARDIUM, AND THE LUNGS, OF A HUMAN FŒTUS IN THE SIXTH MONTH OF INTRA-UTERINE LIFE (MONTHS OF FOUR WEEKS EACH). SEEN FROM BEFORE.



¹ *Cupula Pleurae*.—This term is applied by the author to the dome-shaped summit of the pleura, but as this portion of the pleura projects through the superior aperture of the thoracic into the root of the neck, it is generally known in England as the *cervical pleura*.—Dr.

FIG. 795.—THE THYMUS GLAND, WITH THE PERICARDIUM, AS SEEN FROM BEFORE AFTER THE LUNGS HAVE BEEN ENTIRELY REMOVED. FROM A BOY AGED FIVE WEEKS.

The Thymus Gland.

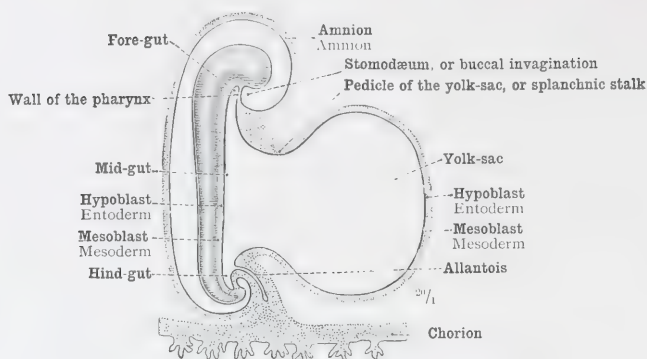


FIG. 796.—HUMAN EMBRYO IN THE BEGINNING OF THE THIRD WEEK (DIAGRAMMATIC).

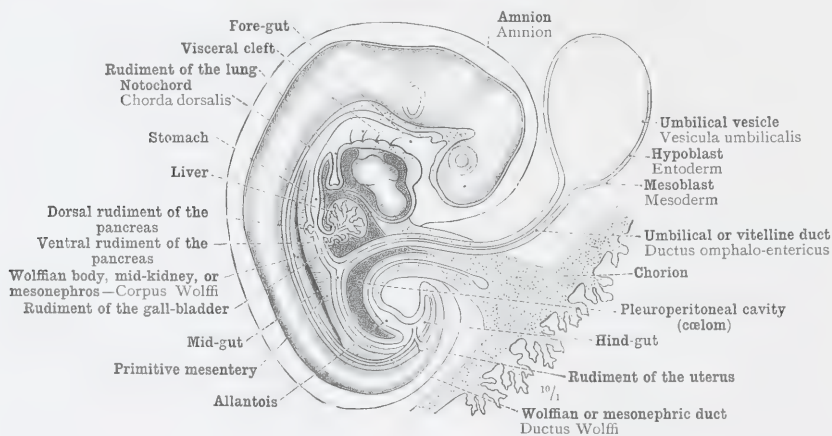


FIG. 797.—HUMAN EMBRYO IN THE BEGINNING OF THE FIFTH WEEK (DIAGRAMMATIC).

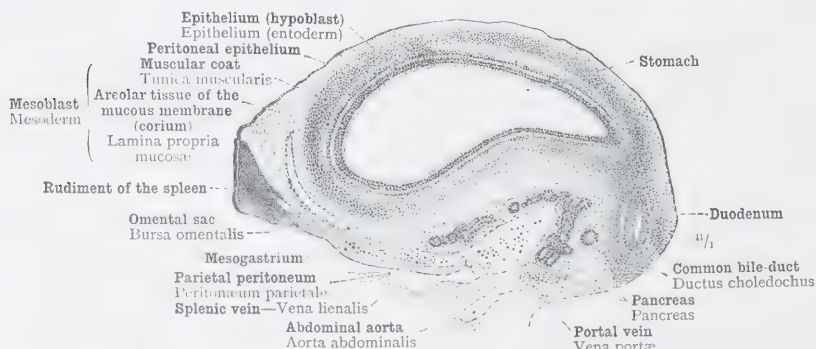


FIG. 798.—RUDIMENT OF THE SPLEEN. HUMAN EMBRYO IN THE SIXTH WEEK. TRANSVERSE SECTION.

TOPOGRAPHICAL ANATOMY
OF THE
THORACIC AND ABDOMINAL VISCERA

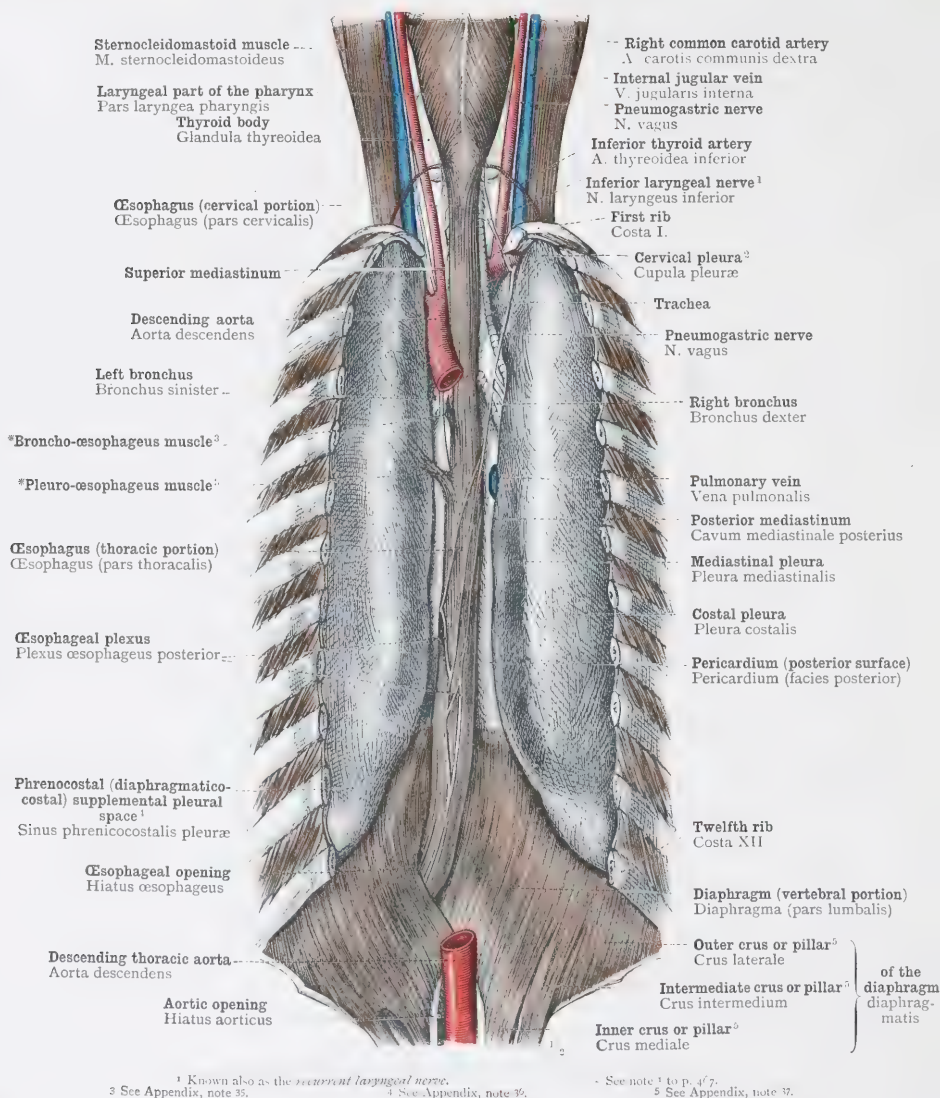


FIG. 799.—COURSE OF THE THORACIC PORTION OF THE ÆSOPHAGUS IN THE POSTERIOR MÆDIASTINUM, AND ITS PASSAGE THROUGH THE ÆSOPHAGEAL OPENING IN THE DIAPHRAGM. THE ÆSOPHAGUS IS SEEN FROM BEHIND, HAVING BEEN EXPOSED BY THE REMOVAL OF THE VERTEBRAL COLUMN, THE POSTERIOR EXTREMITIES OF THE RIBS, AND THE GREATER PART OF THE DESCENDING THORACIC AORTA. BRONCHO-ÆSOPHAGEUS AND PLEURO-ÆSOPHAGEUS MUSCLES.

The pleura has been left intact.

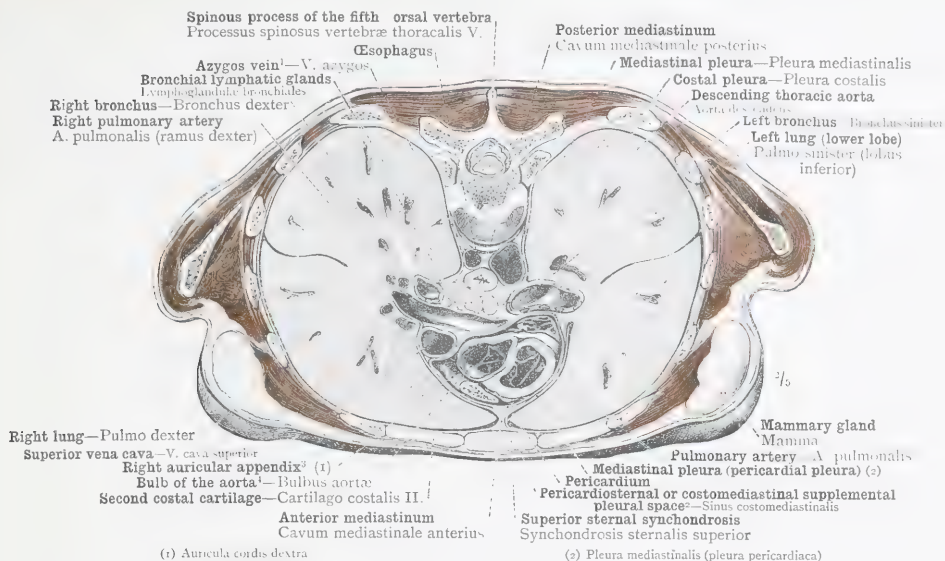


FIG. 800.—HORIZONTAL SECTION THROUGH THE TRUNK PASSING BETWEEN THE BODIES OF THE FIFTH AND SIXTH DORSAL VERTEBRÆ.

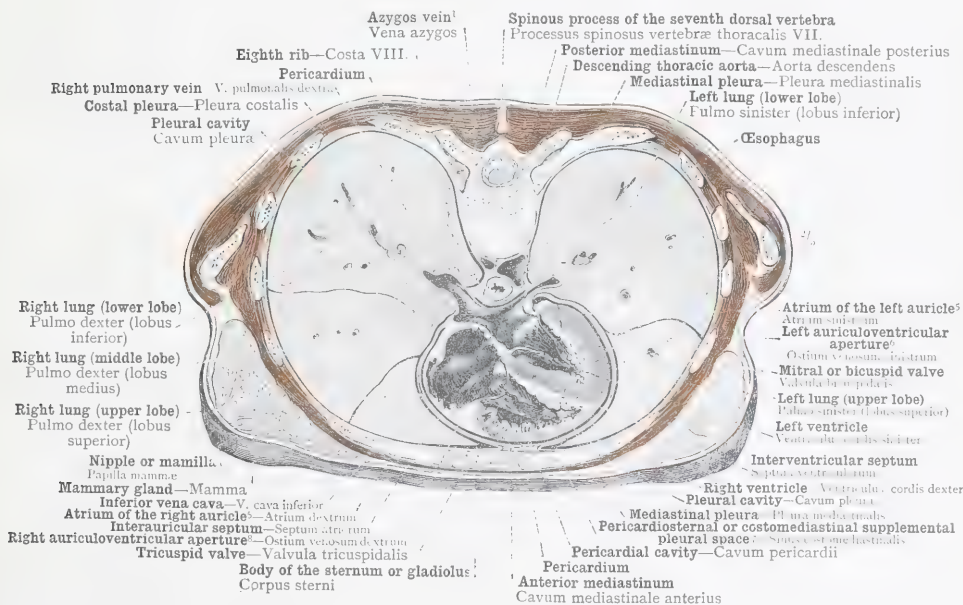


FIG. 801.—HORIZONTAL SECTION THROUGH THE TRUNK PASSING BETWEEN THE BODIES OF THE SEVENTH AND EIGHTH DORSAL VERTEBRÆ.

¹ Sometimes called the *right or large azygos vein*.

² See Appendix, note 3.

³ See note 3 to p. 411.

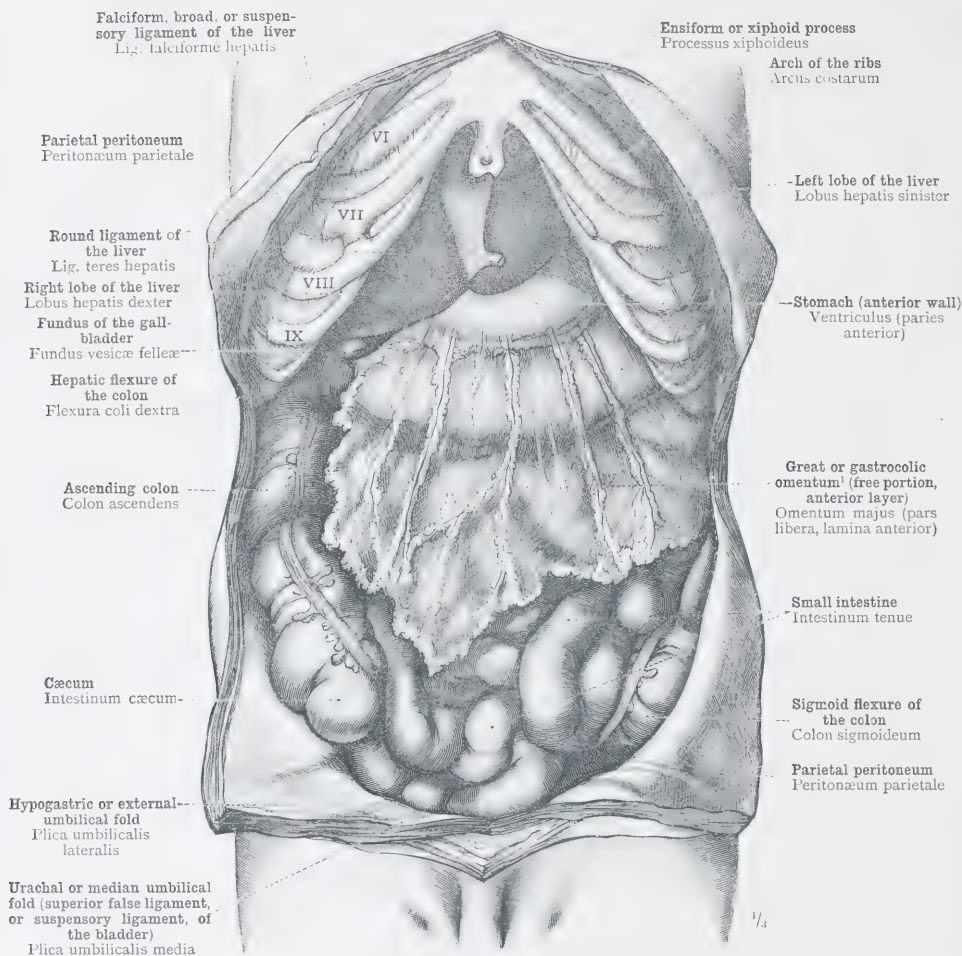
⁴ See Appendix, note 3.

⁵ See note 3 to p. 411.

⁶ Or *mitral orifice*.

⁷ See Appendix, note 3.

⁸ Or *tricuspid orifice*.



¹ On epiphon. See note 2 to p. 456.

FIG. 802.—POSITION OF THE ABDOMINAL VISCERA AS SEEN AFTER THE ABDOMINAL CAVITY HAS BEEN OPENED IN THE USUAL MANNER AND THE COSTAL ARCHES HAVE BEEN LAID BARE.

The visible portions of the large intestine (colon) are moderately distended with gas; the great or gastrocolic omentum (omentum majus) is in its natural position.

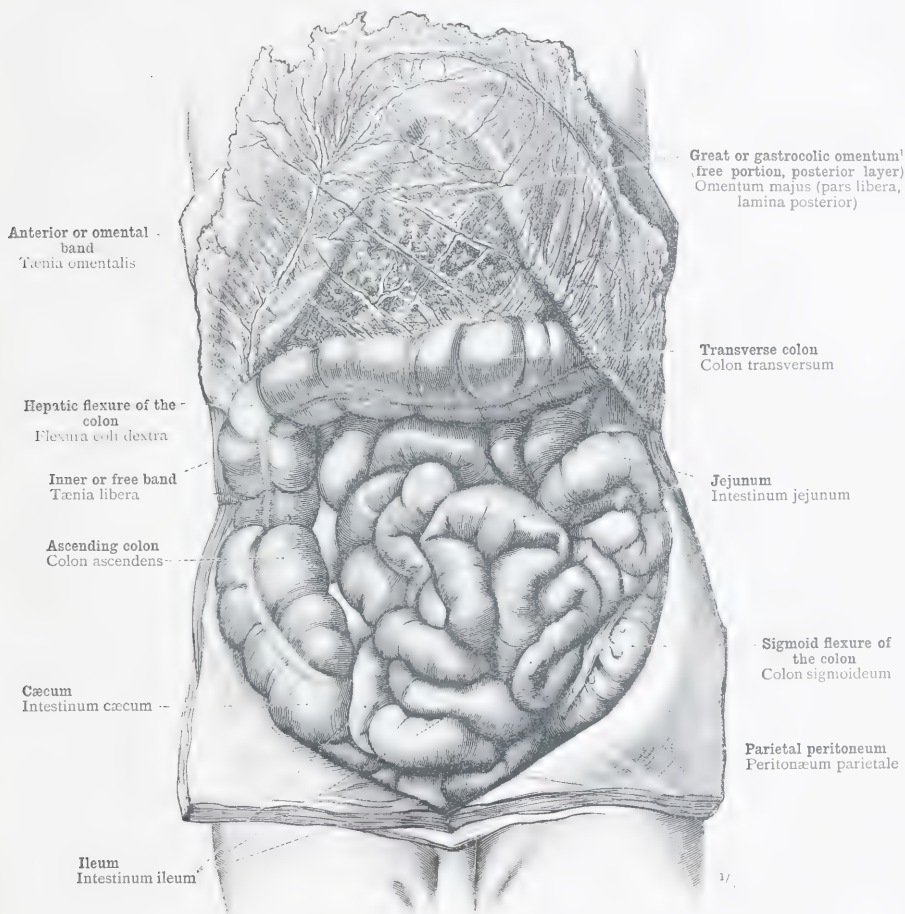


FIG. 803.—POSITION OF THE VISCERA IN THE LOWER PORTION OF THE ABDOMINAL CAVITY, AFTER THE GREAT OR GASTROCOLIC OMENTUM HAS BEEN TURNED UPWARDS. RELATION OF THE GREAT OMENTUM TO THE TRANSVERSE COLON (COLON TRANSVERSUM); POSITION OF THE CÆCUM (INTESTINUM CÆCUM) AND OF THE ASCENDING COLON (COLON ASCENDENS) IN RELATION TO THE LOOPS OF THE FREE PORTIONS OF THE SMALL INTESTINE (INTESTINUM TENUE): JEJUNUM (INTESTINUM JEJUNUM) AND ILEUM (INTESTINUM ILEUM).

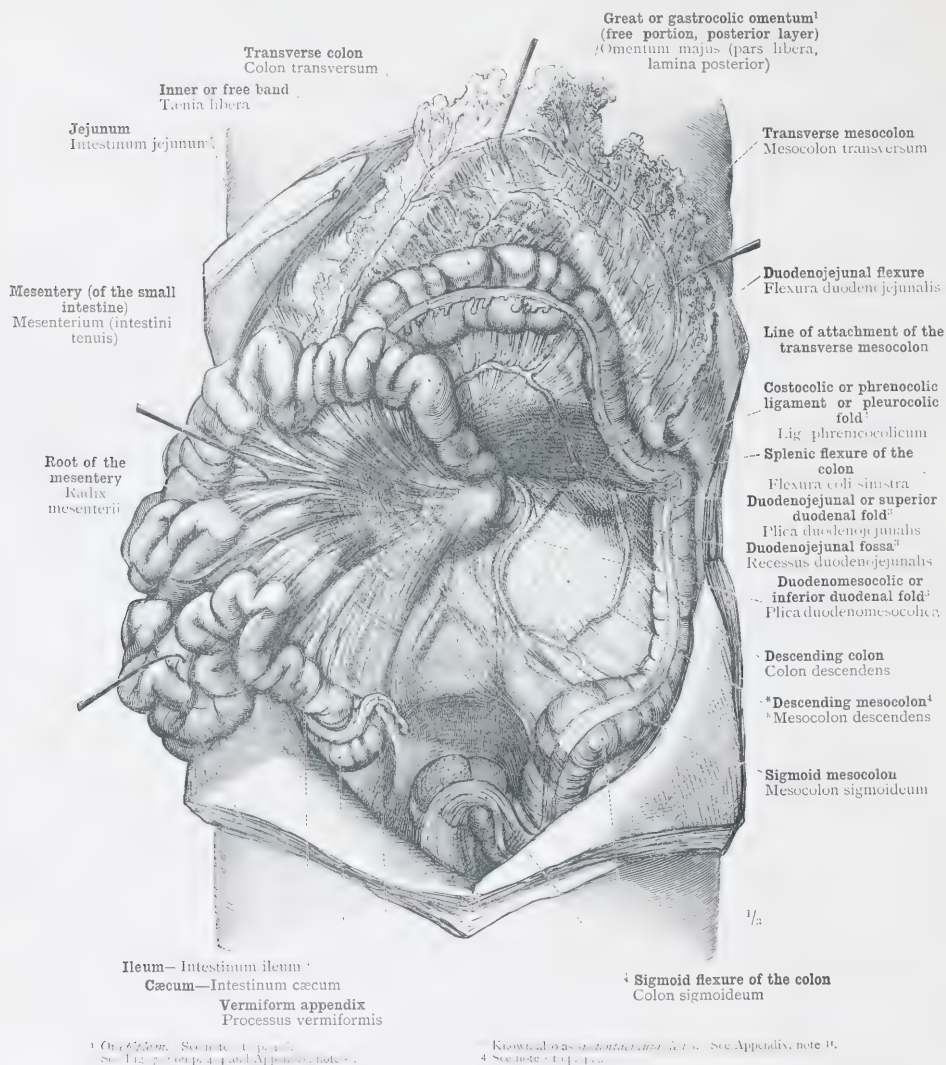


FIG. 804.—THE FREE PORTIONS OF THE SMALL INTESTINE (INTESTINUM TENUE), THE JEJUNUM (INTESTINUM JEJUNUM), AND THE ILEUM (INTESTINUM ILEUM), HAVE BEEN TURNED AS FAR AS POSSIBLE TO THE RIGHT, AND THE TRANSVERSE COLON (COLON TRANSVERSUM) HAS BEEN DRAWN UPWARDS, TO SHOW THE TRANSITION OF THE LATTER INTO THE DESCENDING COLON (COLON DESCENDENS), AND OF THE DESCENDING COLON INTO THE SIGMOID FLEXURE OF THE COLON (COLON SIGMOIDEUM). THE MESENTERY AND ITS ROOT (MESENTERIUM ET RADIX MESENTERII) ARE SEEN FROM THE LEFT SIDE. OF THE MESENTERY OF THE LARGE INTESTINE, OR MESOCOLON, THE LEFT HALF OF THE TRANSVERSE MESOCOLON WITH ITS LINE OF ATTACHMENT, THE *DESCENDING MESOCOLON (see note ⁴ above), AND THE SIGMOID MESOCOLON ARE VISIBLE. RECESSUS DUODENOJEJUNALIS, DUODENOJEJUNAL FOSSA (see note ³ above).

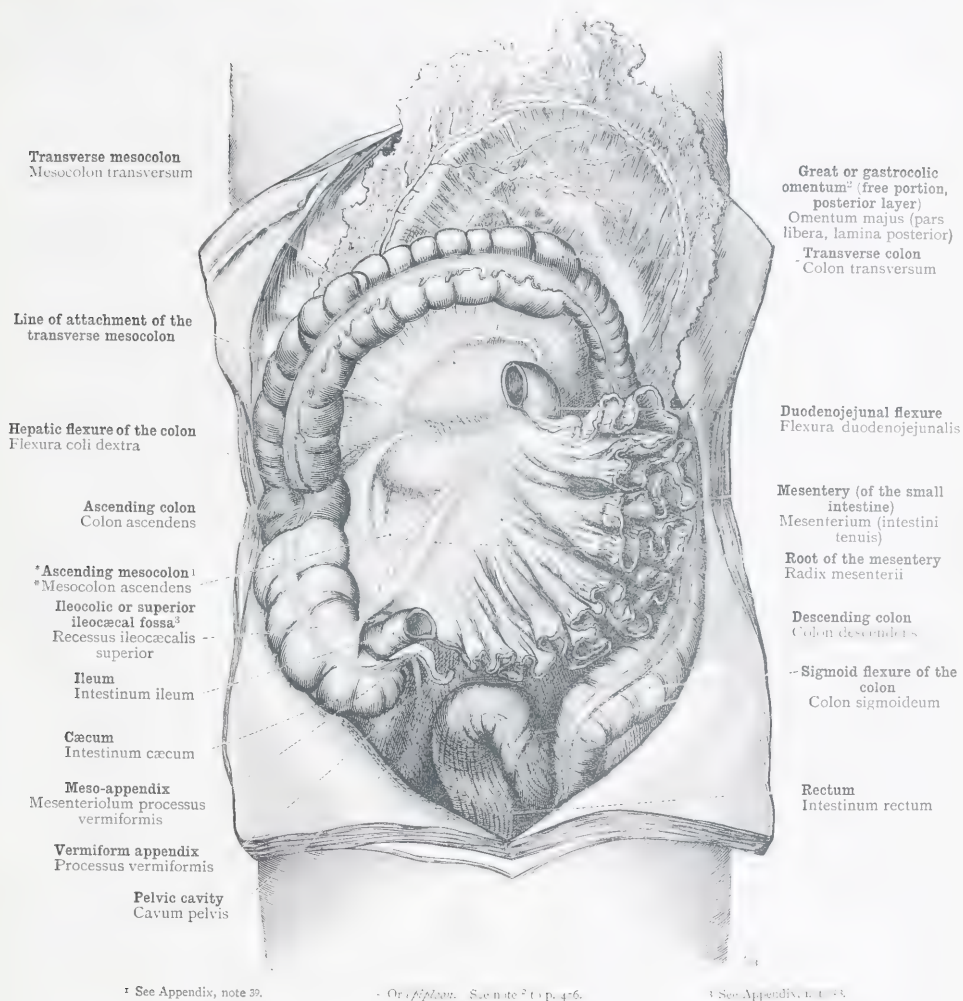
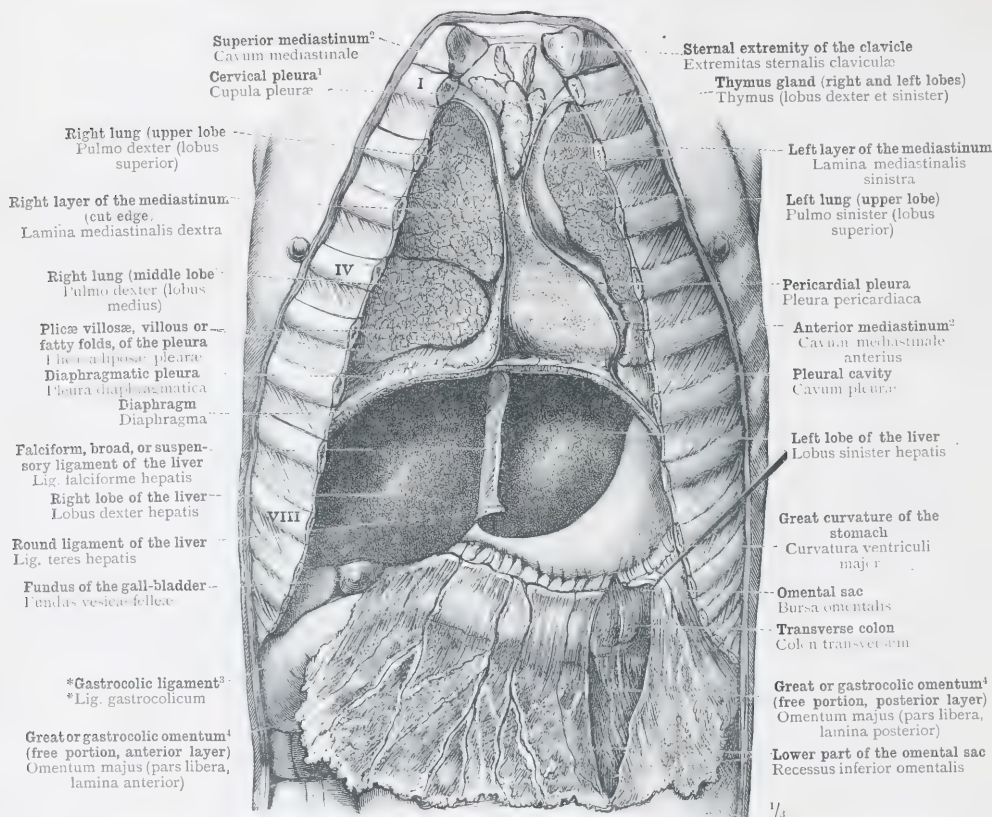


FIG. 805.—THE FREELY-MOVABLE PORTION OF THE SMALL INTESTINE HAS, WITH THE EXCEPTION OF THE COMMENCEMENT OF THE JEJUNUM AND THE TERMINATION OF THE ILEUM, BEEN CUT AWAY FROM THE MESENTERY, AND THIS LATTER HAS BEEN TURNED TO THE LEFT. THE MESENTERY AND ITS ROOT (MESENTERIUM ET RADIX MESENTERII) ARE SEEN FROM THE RIGHT SIDE. OF THE MESENTERY OF THE LARGE INTESTINE, OR MESOCOLON, THE RIGHT PORTION OF THE TRANSVERSE MESOCOLON WITH ITS LINE OF ATTACHMENT, AND THE *ASCENDING MESOCOLON (see Appendix, note ³⁹) ARE VISIBLE. RECESSUS ILEOCÆCALIS SUPERIOR, ILEOCOLIC OR SUPERIOR ILEOCÆCAL FOSSA (see Appendix, note ²³). INTESTINUM CÆCUM, THE CÆCUM; COLON ASCENDENS, THE ASCENDING COLON; COLON TRANSVERSUM, THE TRANSVERSE COLON; COLON SIGMOIDEUM, THE SIGMOID FLEXURE OF THE COLON, AND ITS TRANSITION INTO THE RECTUM (INTESTINUM RECTUM).



¹ See note 1 to p. 475.

² See note 2 to p. 475 and Appendix, note 24.

³ See Appendix, note 4.

⁴ Or *epiploon*. See note 2 to p. 475.

FIG. 806.—POSITION OF THE VISCERA IN THE THORACIC CAVITY AND THE UPPER PORTION OF THE ABDOMINAL CAVITY, AS SEEN AFTER THE REMOVAL OF THE ANTERIOR WALLS OF THE THORAX AND ABDOMEN.

The sternum, the costal cartilages, and the anterior extremities of the bodies or shafts of the ribs, have been removed.

CAVUM MEDIASTINALE ANTERIUS, THE ANTERIOR MEDIASTINUM—ANTERIOR AND SUPERIOR MEDIASTINA OF ENGLISH ANATOMISTS (see note 2 above)—WITH THE REMAINS OF THE THYMUS GLAND AND THE ANTERIOR WALL OF THE PERICARDIUM. **LAMINÆ MEDIASTINALES**, THE TWO LAYERS OF THE MEDIASTINUM. THE ANTERIOR BORDER AND A PORTION OF THE OUTER OR COSTAL SURFACE OF BOTH LUNGS. POSITION OF THE STOMACH IN RELATION TO THE LIVER AND THE TRANSVERSE COLON. **GREAT OR GASTROCOLIC OMENTUM (OMENTUM MAJUS)** SEEN FROM BEFORE.

The anterior layer of the great omentum, attached above to the great curvature of the stomach, has been divided by a vertical incision to the left of the middle line, and the margins of the incision have been drawn a little apart, in order to show the interior of the lower part of the omental sac (recessus inferior omentalis). Through the aperture thus made, a small portion of the transverse colon, and the posterior layer of the great omentum, are visible.

Topographical Anatomy of the Thoracic Organs and of the Viscera in the Upper Part of the Abdominal Cavity.

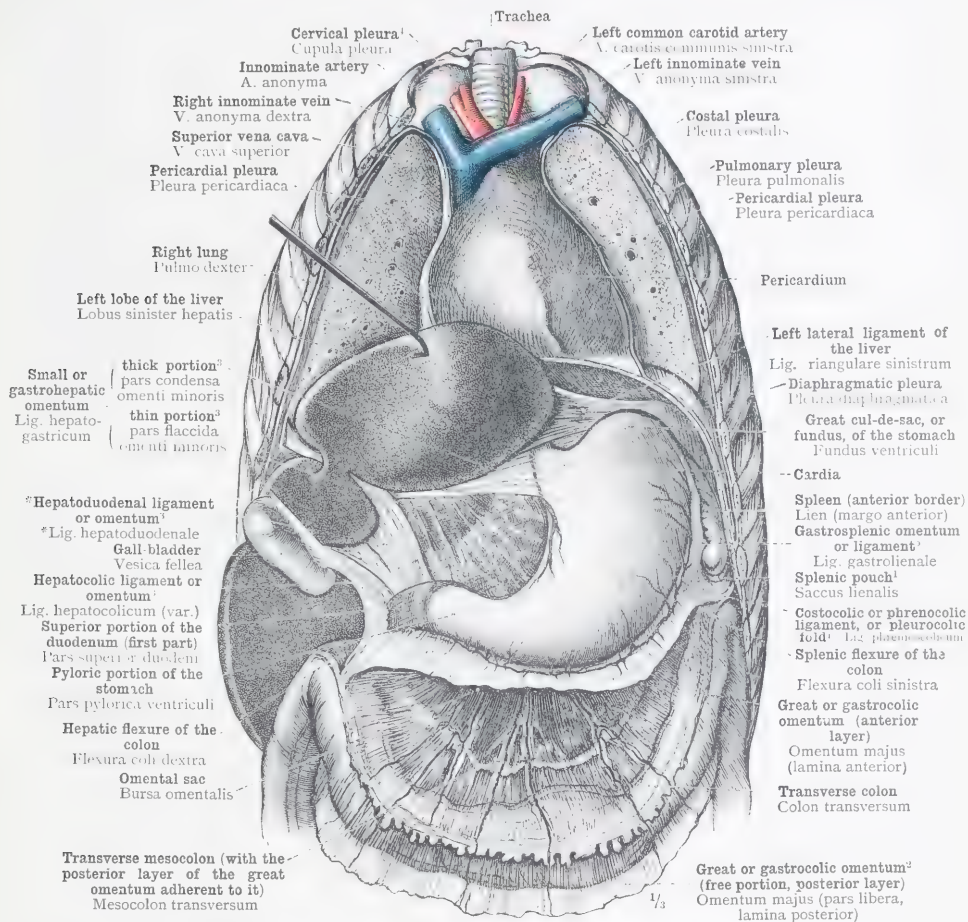


FIG. 807.—THE THORACIC ORGANS AND THE VISCERA IN THE UPPER PART OF THE ABDOMINAL CAVITY AS SEEN AFTER THE REMOVAL OF THE WHOLE OF THE ANTERIOR WALL OF THE THORAX AND ABDOMEN.

By means of a coronal section, the anterior portions of both lungs and of the two layers of the mediastinum have been removed, so that the greater part of the anterior surface of the pericardium is exposed to view. The various parts of the diaphragm and the pleura are seen in section. The liver has been drawn as far as possible to the right, in order to show the stomach in its natural position, and the small omentum, consisting of three portions (see Appendix, note ⁴²); the Spigelian lobe of the liver (*lobus caudatus* according to Toldt—see Appendix, note ¹⁰) is visible through the thin portion of the small omentum. By the removal of the greater part of the anterior layer of the great or gastrocolic omentum, the posterior wall of the lower part of the omental sac has been exposed; this posterior wall is constituted by the posterior layer of the great omentum, and in part by the transverse mesocolon, adherent thereto.

¹ See Appendix, note ⁴¹.
² See note ¹ to p. 477.

³ Or *epiploica*. See note ¹ to p. 476.
⁴ This is connected below with the great omentum, and is often regarded as a part of it.—Tl.

⁵ See Appendix, note ⁴³.
⁶ See Appendix, note ⁴⁴.

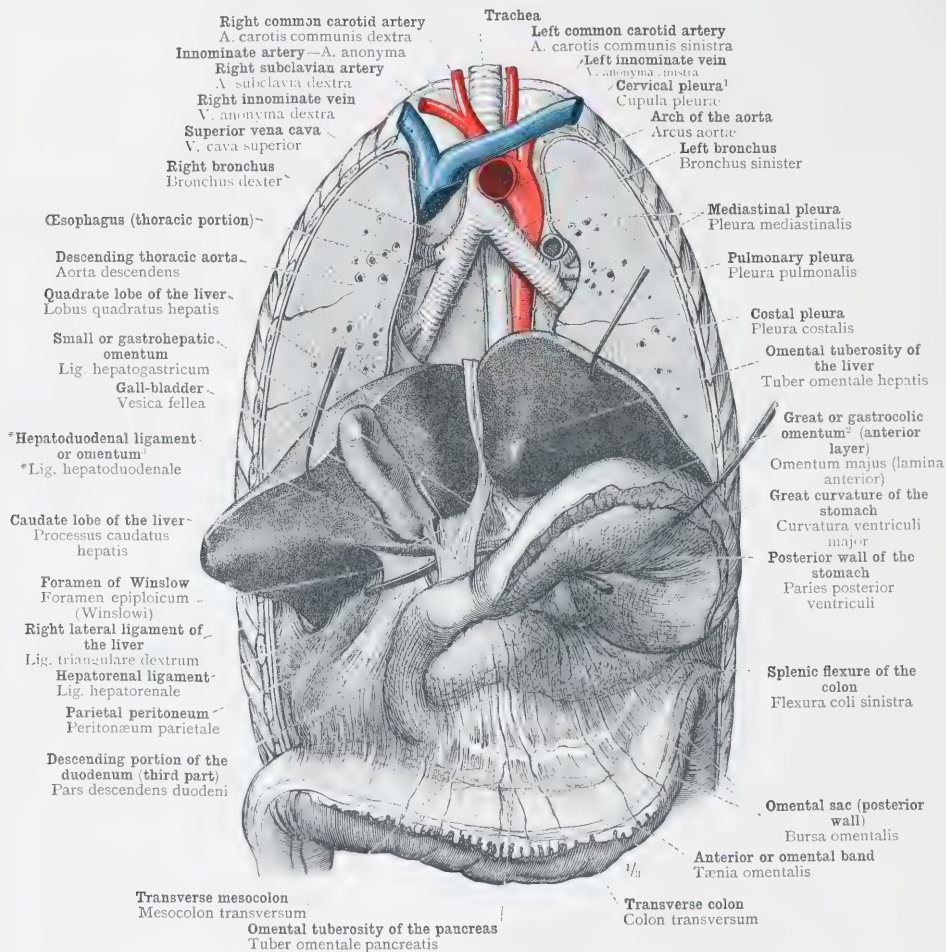
¹ See note ¹ to p. 467.² See Appendix, note ³.- Or epiploon. See note ² to p. 456.³ See Appendix, note ⁴.⁴ See note ⁵ above and Appendix, note ⁵.

FIG. 80S.—THE THORACIC AND ABDOMINAL WALLS HAVE BEEN REMOVED AS FAR BACK AS THE AXILLARY LINE (see Fig. 818, p. 488). THE ANTERIOR PORTIONS OF BOTH LUNGS HAVE BEEN REMOVED IN FRONT OF THE HILUM, AND THE PERICARDIAL SAC AND THE HEART HAVE BEEN TAKEN AWAY, SO THAT THE HINDER PART OF THE MIDDLE AND SUPERIOR MEDIASTINA AND THE POSTERIOR MEDIASTINUM (see note ⁵ above) ARE SEEN FROM THE FRONT, AND THE BRONCHIAL RAMIFICATION, THE ŒSOPHAGUS, AND THE DESCENDING THORACIC AORTA, ARE PARTIALLY DISPLAYED.

THE FREE PORTION OF THE GREAT OR GASTROCOLIC OMENTUM HAVING BEEN CUT AWAY BY INCISIONS PASSING ALONG ITS ATTACHMENTS TO THE GREAT CURVATURE OF THE STOMACH AND TO THE TRANSVERSE COLON, THE LIVER AND THE STOMACH WERE DRAWN UPWARDS AS FAR AS POSSIBLE, IN ORDER TO SHOW THE ENTRANCE TO THE OMENTAL SAC BY MEANS OF THE FORAMEN OF WINSLOW (FORAMEN EPIPILOICUM WINSLOW), AND THE INTERIOR OF THE OMENTAL SAC (BURSA OMENTALIS), THE POSTERIOR WALL OF WHICH IS TO A LARGE EXTENT LAID BARE; IN THIS AREA, AND COVERED BY THE POSTERIOR LAYER OF THE GREAT OMENTUM, THE PANCREAS IS VISIBLE.

A sound has been passed through the foramen of Winslow into the omental sac.

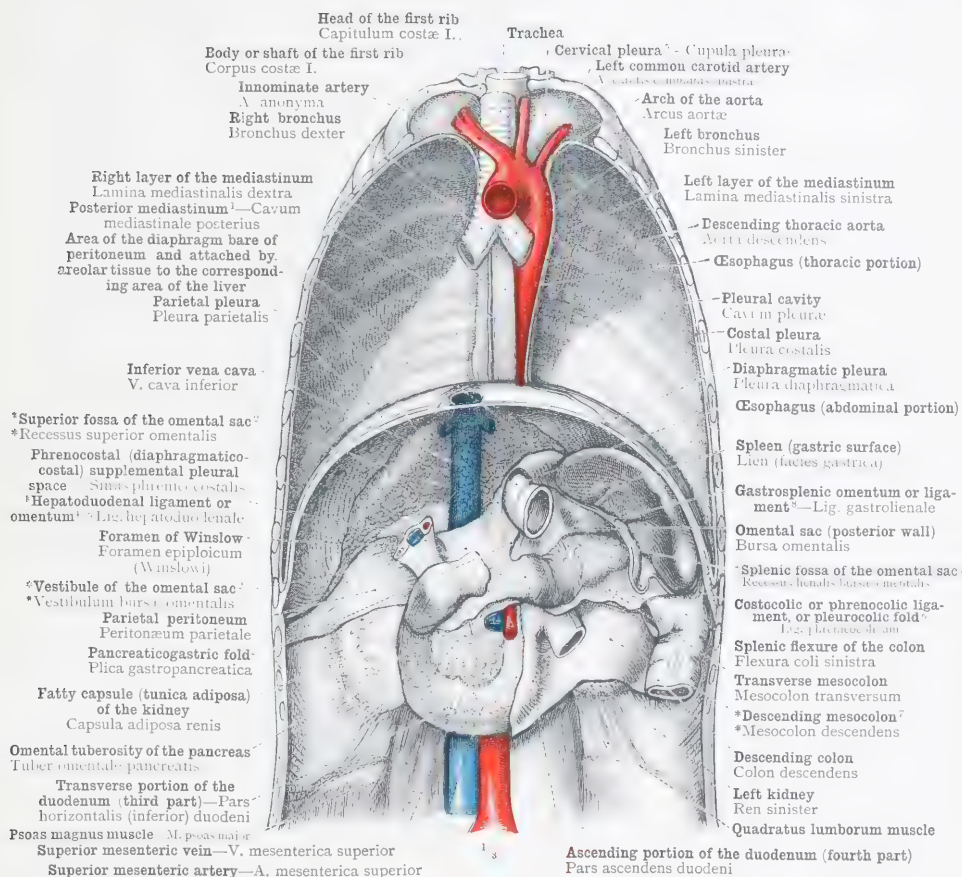


FIG. 809.—THE THORACIC AND ABDOMINAL WALLS HAVE BEEN REMOVED AS FAR BACK AS THE AXILLARY LINE (see Fig. 818, p. 488). THE PERICARDIUM, THE HEART, AND THE LUNGS HAVE BEEN COMPLETELY REMOVED, SO THAT THE TWO PLEURAL CAVITIES COVERED BY THE COSTAL (PARIETAL) PLEURA, AND BETWEEN THESE THE POSTERIOR MEDIASTINUM AND THE POSTERIOR PART OF THE SUPERIOR MEDIASTINUM, ARE SEEN. THE LIVER, THE STOMACH, AND THE GREATER PART OF THE INTESTINE HAVE BEEN REMOVED, IN ORDER TO SHOW THE MUTUAL RELATIONS OF THE DUODENUM, THE PANCREAS, AND THE SPLEEN. THE POSTERIOR WALL OF THE *VESTIBULE OF THE OMENTAL SAC, CONSISTING OF PARIETAL PERITONEUM, AND THE POSTERIOR WALL OF THE OMENTAL SAC, CONSISTING OF THE AXIAL PORTION OF THE MESOGASTRIUM, ARE VISIBLE, ALSO THE *SUPERIOR FOSSA AND THE *SPLENIC FOSSA OF THE OMENTAL SAC.

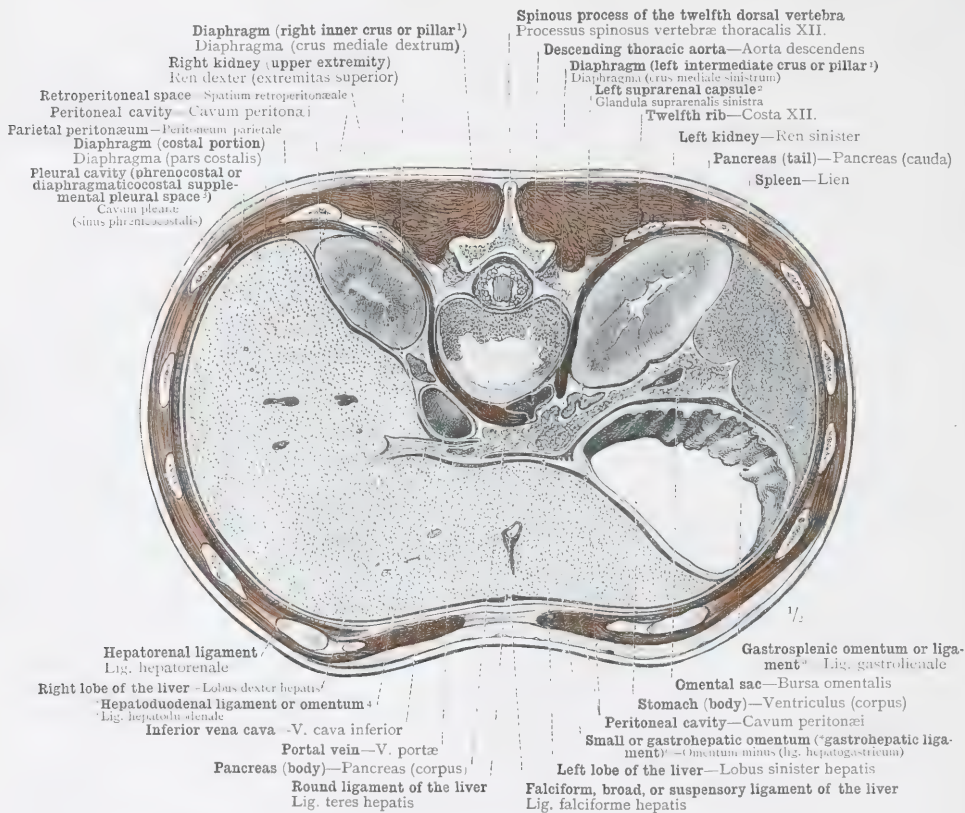
¹ See Appendix, note 7.² Called also *suprarenal body*, or *adrenal*.³ See Appendix, note 36.⁴ See Appendix, note 42.⁵ The *gastrosplenic omentum* is connected below with the *great omentum*, and is often regarded as a part of it.—Tr.⁶ See Appendix, note 42.

FIG. 810.—HORIZONTAL SECTION THROUGH THE TRUNK PASSING BETWEEN THE BODIES OF THE TWELFTH DORSAL AND FIRST LUMBAR VERTEBRÆ.

The section cuts the liver almost through its greatest transverse (horizontal) dimension, the stomach above the middle of its body, the spleen about the middle of its vertical extent, the body and tail of the pancreas near the upper border of that organ, the right kidney near its upper extremity, the left kidney above its middle; both suprarenal capsules also appear in the section. Between the vena cava inferior and the *hepatoduodenal ligament (see Appendix, note 42), the section passes through the foramen of Winslow (foramen epiploicum Winslowi), into which the caudate lobe of the liver (*processus caudatus hepatis*—see Appendix, note 16) projects; behind the small or gastrohepatic omentum (see Appendix, note 42) the *vestibule of the omental sac (see Appendix, note 44) is cut across. The aorta is divided as it passes through the aortic opening in the diaphragm, the vena cava inferior below its entrance into the fissure or fossa of the vena cava, and the portal vein just after it has passed between the layers of the small or gastrohepatic omentum.

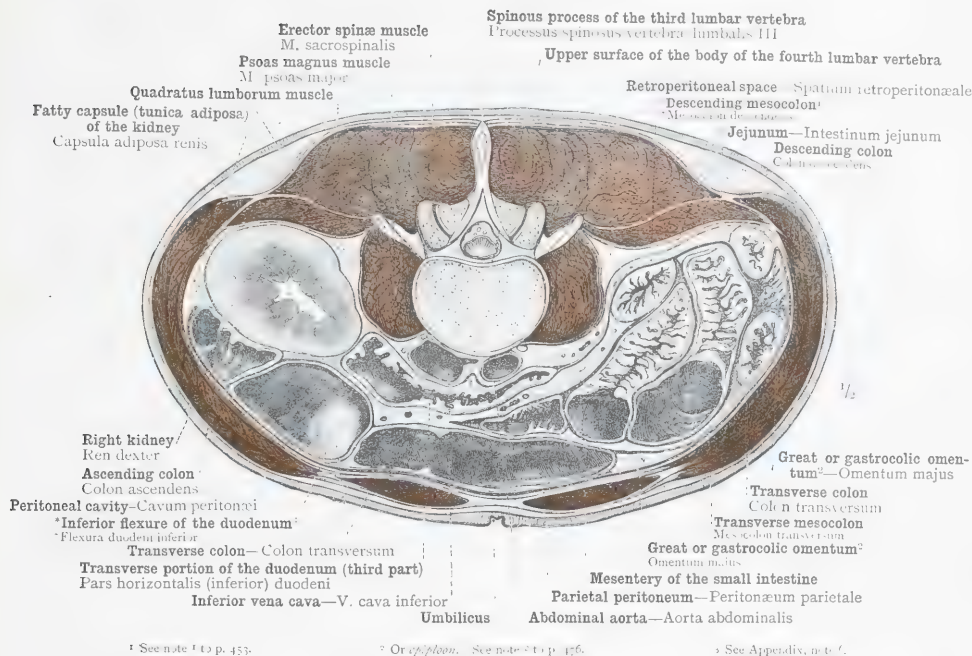
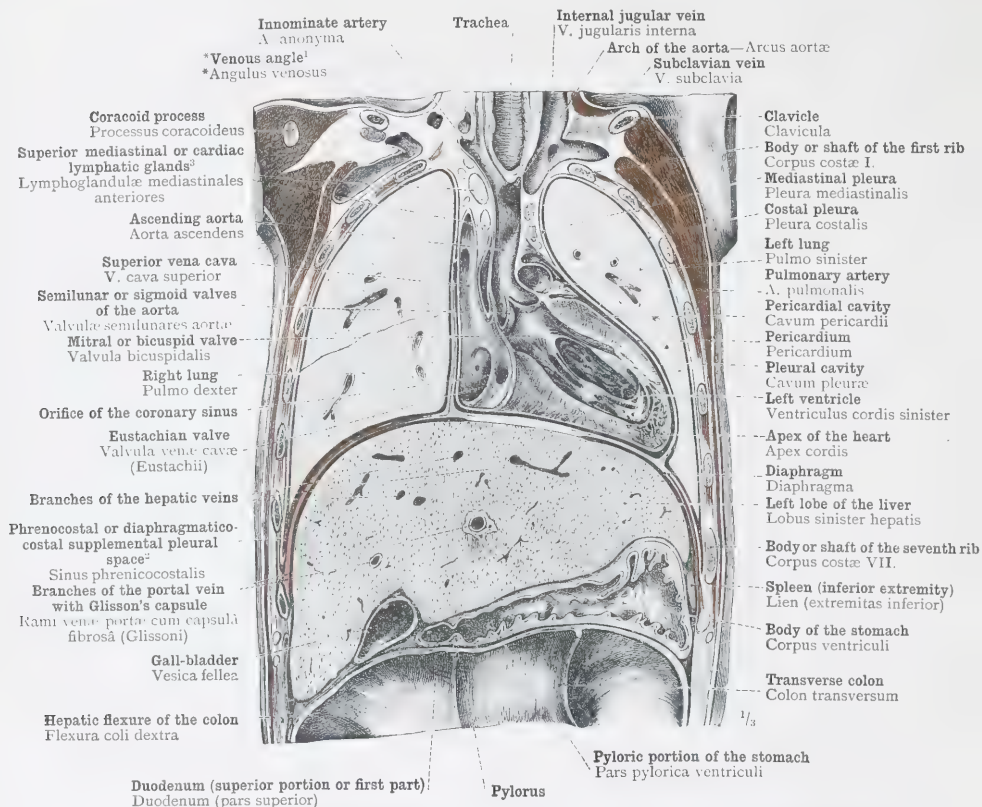


FIG. 8II.—HORIZONTAL SECTION THROUGH THE TRUNK AT THE LEVEL OF THE UMBILICUS, PASSING BETWEEN THE BODIES OF THE THIRD AND FOURTH LUMBAR VERTEBRÆ.

The right kidney is divided near its inferior extremity, but the left kidney is entirely above the plane of section. As regards the small intestine, the whole length of the transverse portion of the duodenum appears in the section, in addition to several coils of the jejunum. The ascending colon is divided close to the commencement of the hepatic flexure. The greater part of the transverse colon is distended, and is divided nearly in the direction of its long axis; in the neighbourhood of the splenic flexure, however, it is contracted, and is divided transversely; the descending colon is also seen in transverse section. The section further shows portions of the great or gastrocolic omentum, of the mesentery of the small intestine, and of the *descending mesocolon (see note ¹ above).



¹ *Angulus venosus*, the *venous angle*, is the name given by the author to the junction of the internal jugular and subclavian veins to form the innominate vein. The term is not used by English anatomists. —Tr.

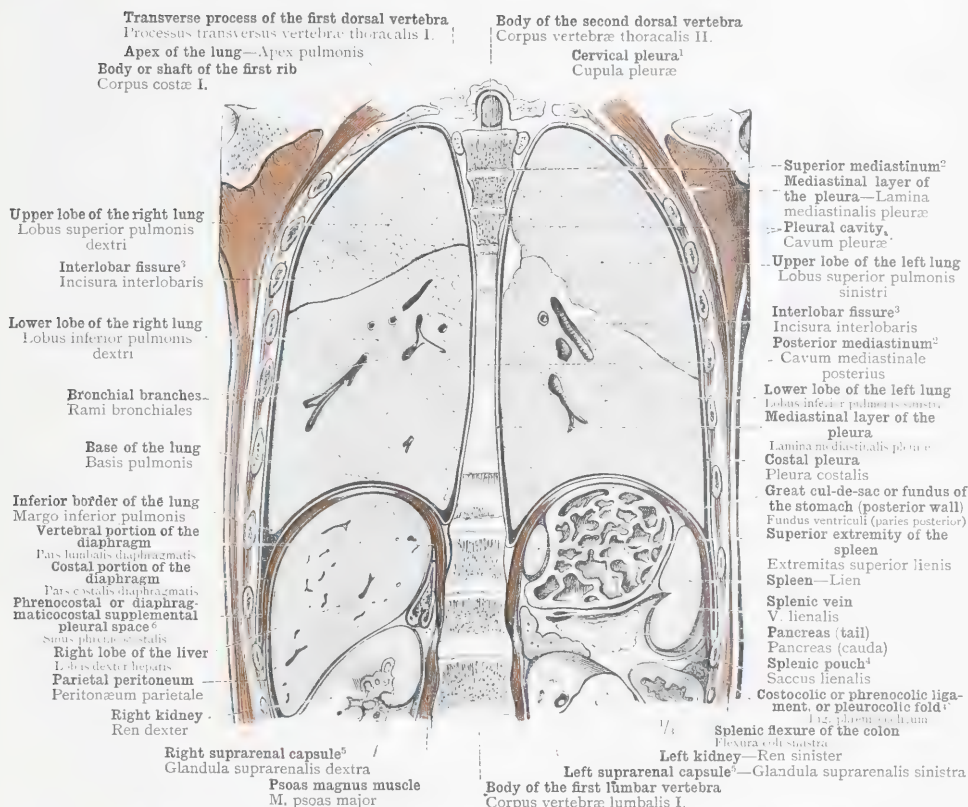
² See Appendix, note 39.

³ There are three or four lymphatic glands behind the lower part of the body of the sternum, between that bone and the pericardium, known as the *anterior mediastinal lymphatic glands*. Those figured here are, however, in the *superior mediastinum* of English anatomists, and are, therefore, *superior mediastinal lymphatic glands* (see note ¹ to p. 456). As they receive the lymphatics of the heart in addition to those of the greater part of the pericardium and of the thymus gland, they are often called the *cardiac lymphatic glands*. —Tr.

FIG. 812.—CORONAL SECTION THROUGH THE TRUNK; ON THE RIGHT SIDE OF THE BODY THE SECTION PASSES THROUGH THE ANTERIOR AXILLARY FOLD, ON THE LEFT SIDE A LITTLE IN FRONT OF THIS FOLD.

The left ventricle, the ascending aorta, and the superior vena cava are divided longitudinally, while the pulmonary artery is divided transversely. The right auricle is divided in front of the orifices of the inferior vena cava and the coronary sinus. The liver is cut across almost in its greatest transverse (vertical) dimension. The situation of the contracted stomach and of the superior or first part of the duodenum in relation to the liver and to the greatly distended transverse colon is to be noted.

[The superior and middle mediastina of English anatomists are seen in coronal section; the plane between them is at the level of the reflection of the pericardium on the ascending aorta, above the transversely divided pulmonary artery. See note ² to p. 410 and Appendix, note ²³. —Tr.]



¹ See note 1 to p. 467.
² See Appendix, note 41.

See note 1 to p. 470 and Appendix, note 24.
Called also *suprarenal body*, or *adrenal*.

³ See note 1 to p. 464.
⁴ See Appendix, note 15.

FIG. 813.—CORONAL SECTION THROUGH THE TRUNK, A LITTLE BEHIND THE AXILLARY LINE (see Fig. 818, p. 488).

The section passes *through* the bodies of the uppermost and lowermost dorsal vertebrae, but passes *in front of* the bodies of the fifth to the tenth dorsal vertebrae; hence those portions of the viscera that lie in the posterior portions of the thoracic and abdominal cavities on either side of the spinal column appear in the section. The lungs are divided very nearly in their greatest vertical dimension. In the right side of the abdominal cavity, the relations of the kidney and the suprarenal capsule (see note ⁶ above) to the liver are shown; in the left side, the relations of the spleen to the great cul-de-sac or fundus of the stomach, to the tail of the pancreas, and to the splenic flexure of the colon.

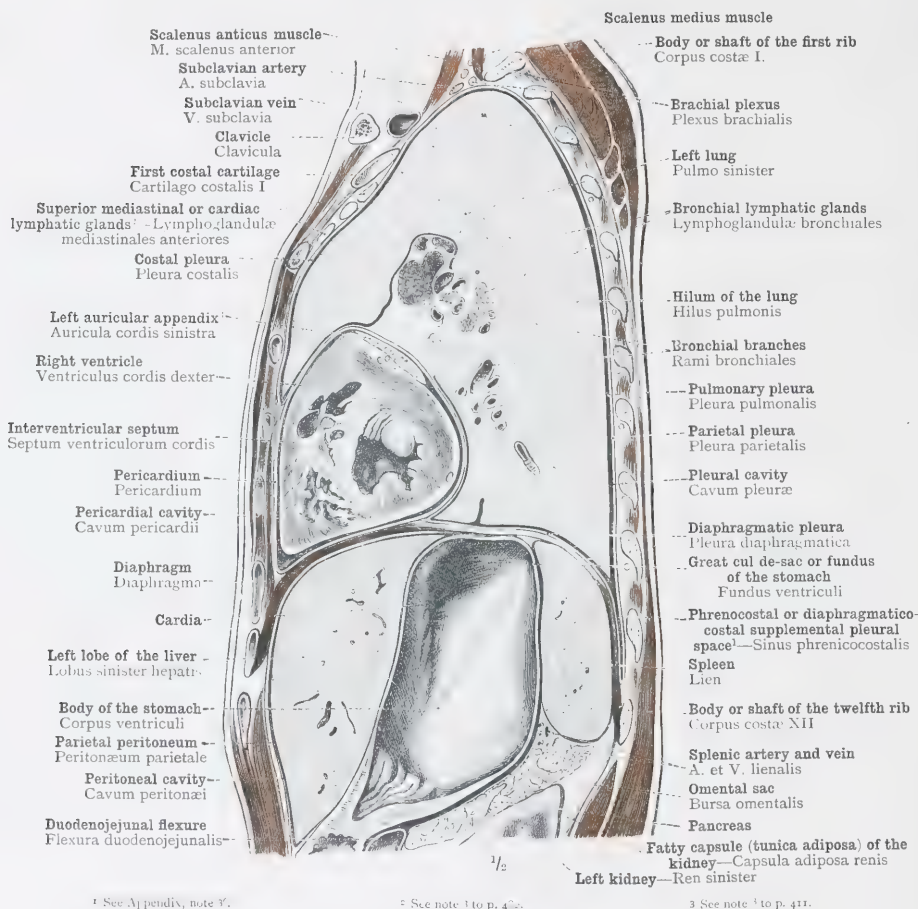
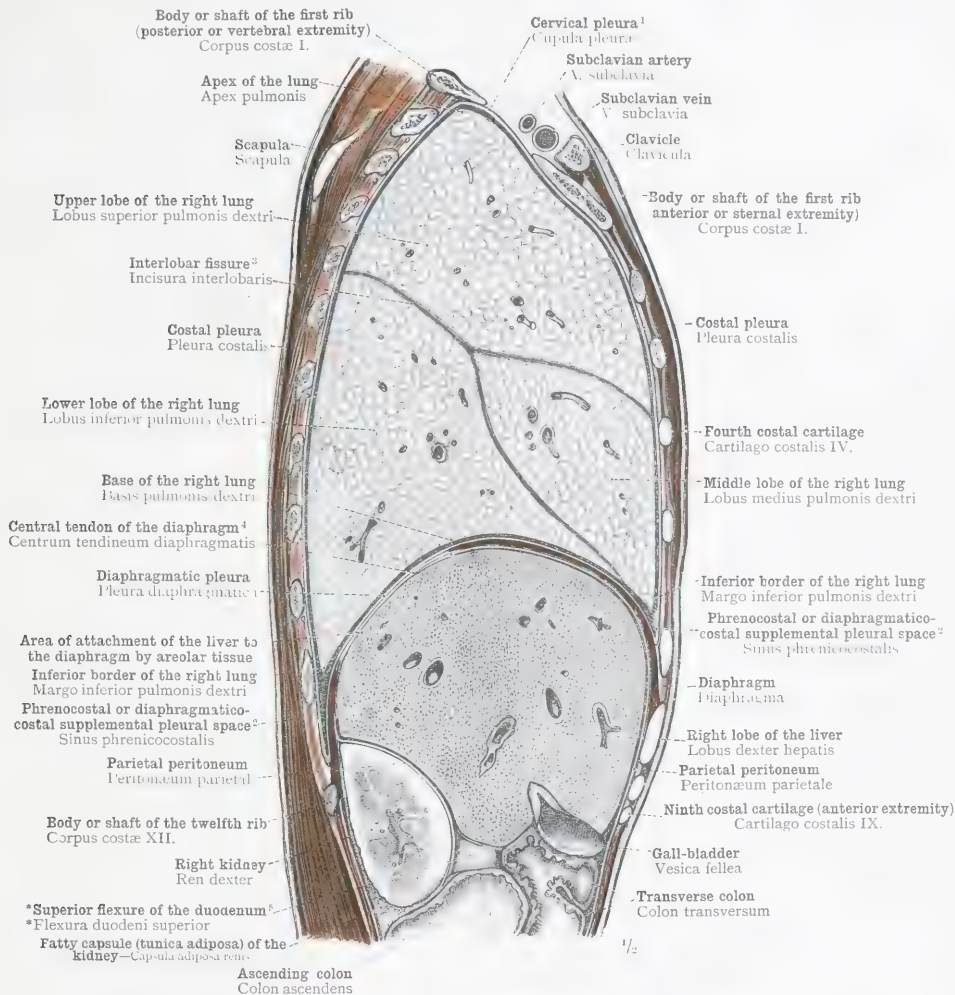


FIG. 814.—SAGITTAL SECTION THROUGH THE TRUNK, 4 CENTIMETRES (1.575 INCHES) TO THE LEFT OF THE MEDIAN PLANE.

The section passes through the hilum of the left lung, and divides the lung itself very nearly in its greatest vertical dimension; the two ventricles are divided obliquely. The body and the great cul-de-sac or fundus of the moderately distended stomach are divided approximately in their long axis, so that the position of the cardia at the upper end of the small curvature of the stomach is well shown. The relations of the stomach to the left lobe of the liver, to the spleen, to the pancreas, and to the duodenojejunal flexure, are to be noted.



¹ See note 1 to p. 467.

² See Appendix, note 5.

³ See note 1 to p. 471.

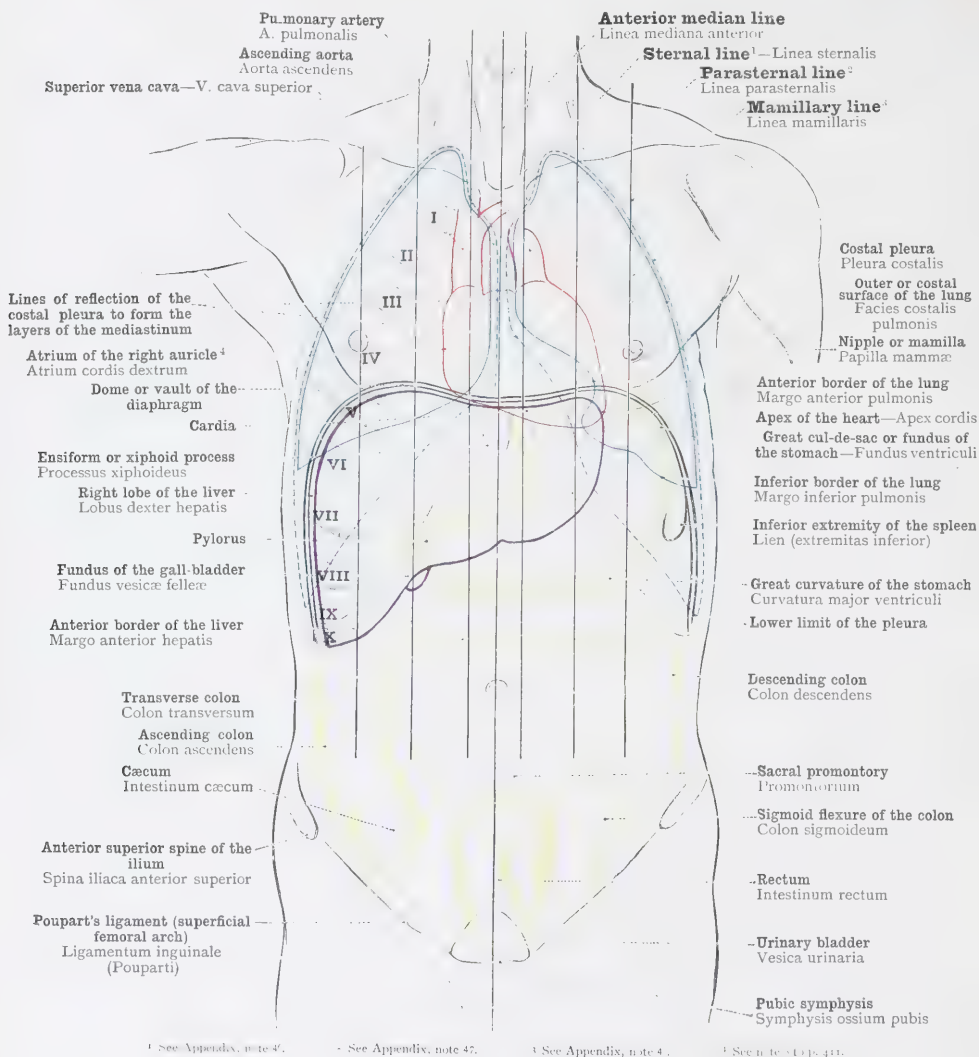
⁴ Call also the *trifid* or *cordiform* tendon of the diaphragm.

⁵ See Appendix, note 5.

FIG. 815.—SAGITTAL SECTION THROUGH THE TRUNK, 6 CENTIMETRES (2 ³/₅₂ INCHES) TO THE RIGHT OF THE MEDIAN PLANE.

The section passes to the right of the hilum of the lung, and divides all three lobes of the organ. The other organs seen in the section are: The right lobe of the liver, the gall-bladder, the right kidney, and portions of the ascending and transverse colon, which latter is moderately distended. The *superior flexure of the duodenum is also shown, its right (convex) wall appearing in the section.

Topographical Anatomy of the Right Lung and of the Viscera in the Upper Part of the Abdominal Cavity.



¹ See Appendix, note 4.

² See Appendix, note 4.

³ See Appendix, note 4.

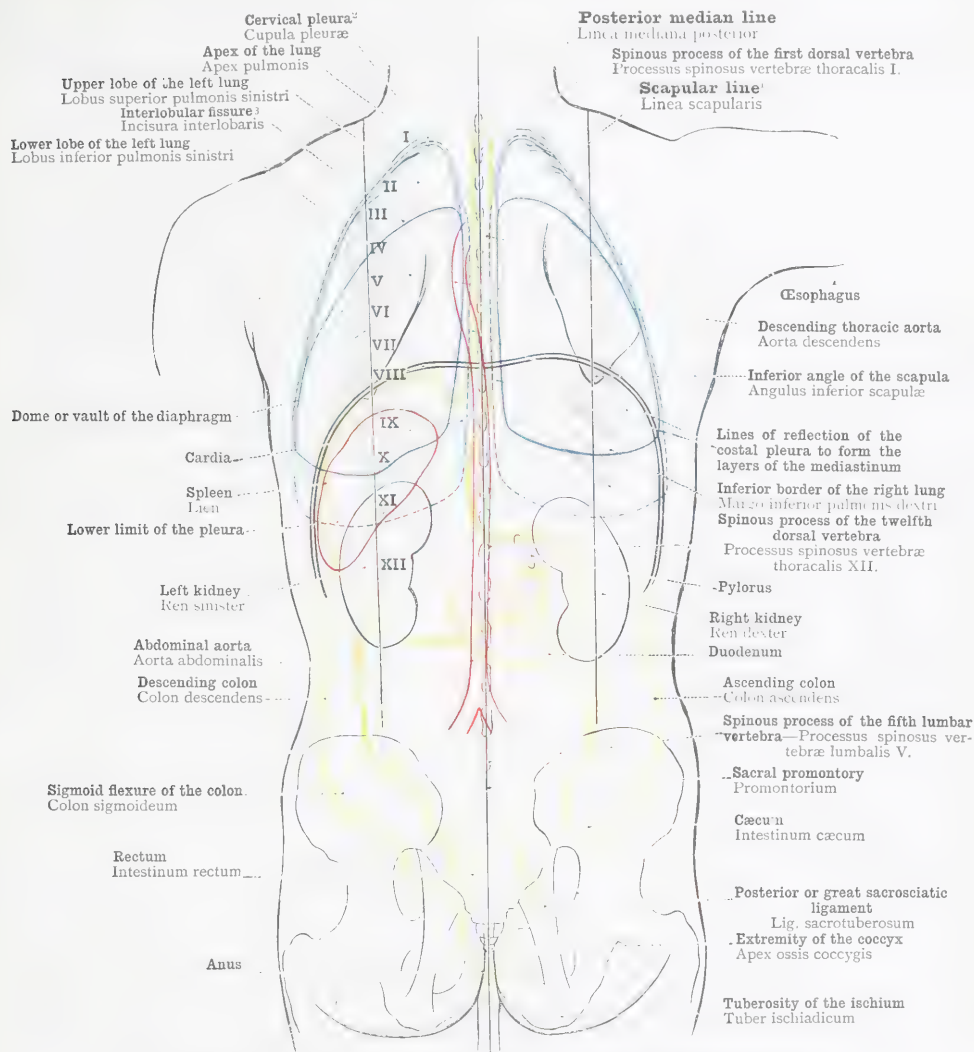
⁴ See Appendix, note 4.

FIG. 816.—PROJECTION-OUTLINES OF THE THORACIC AND ABDOMINAL ORGANS ON THE ANTERIOR SURFACE OF THE TRUNK.

The red line indicates the outline of the heart and the great vessels (superior vena cava, ascending aorta, and pulmonary artery); the continuous blue lines indicate the outlines of the two lungs; the dotted blue lines, the boundaries of the pleural cavities. The violet line indicates the projection-outline of the liver and the fundus of the gall-bladder; the yellow lines indicate the projection-outline of the stomach and the different sections of the large intestine. The projection-outlines of the dome or vault of the diaphragm and of the inferior extremity of the spleen are black.

GUIDE-LINES FOR THE DETERMINATION OF THE POSITION OF THE THORACIC ORGANS: ANTERIOR MEDIAN LINE, STERNAL LINE (see Appendix, note 10), PARASTERNAL LINE (see Appendix, note 10), AND MAMILLARY LINE (see Appendix, note 10). THE RIBS ARE DISTINGUISHED BY ROMAN NUMERALS.

Projection-Outlines of the Thoracic and Abdominal Viscera.



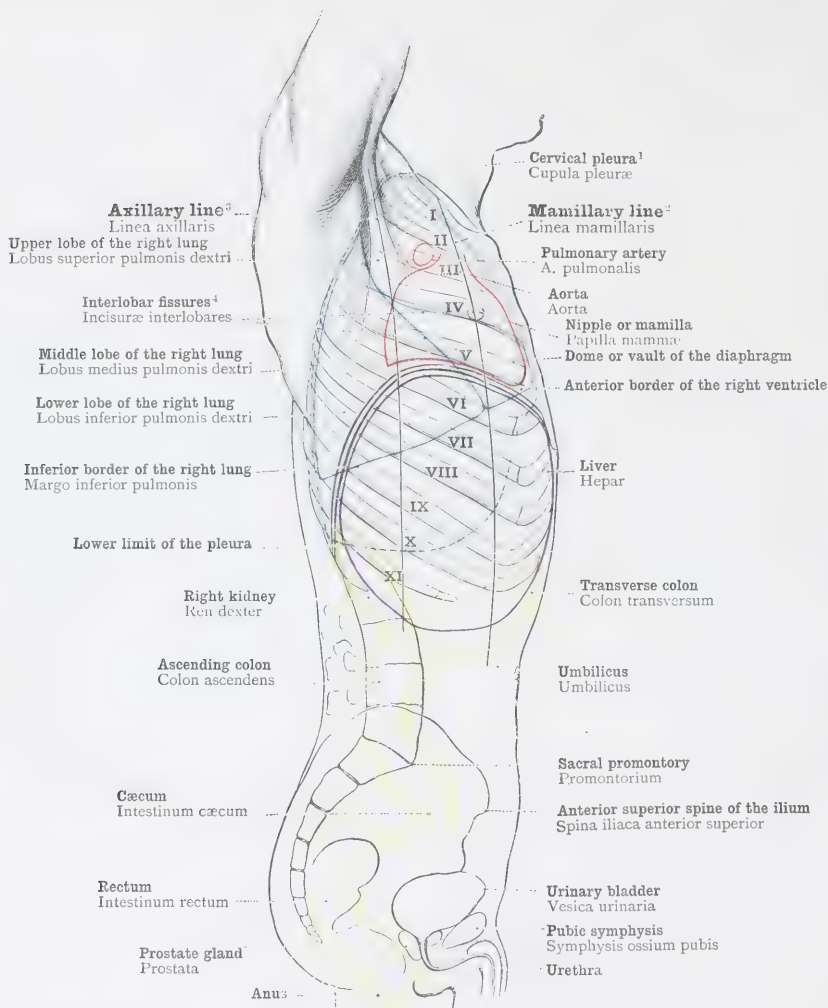
¹ The *scapular line* is a vertical line traced on the back of the trunk passing through the inferior angle of the scapula. See note 1 above, p. 475. See also 3 to 14, p. 476.

FIG. 817.—PROJECTION-OUTLINES OF THE THORACIC AND ABDOMINAL ORGANS ON THE POSTERIOR SURFACE OF THE TRUNK.

The red lines indicate the outlines of the descending thoracic aorta, the abdominal aorta, and the spleen; the continuous blue lines indicate the outlines of the two lungs and of their upper and lower lobes; the dotted blue lines, the boundaries of the pleural cavities. The yellow lines indicate the projection-outlines of the stomach, the duodenum, and various portions of the large intestine. The projection-outlines of the dome or vault of the diaphragm and of the two kidneys are black.

GUIDE-LINES FOR THE DETERMINATION OF THE POSITION OF THE THORACIC ORGANS: POSTERIOR MEDIAN LINE AND SCAPULAR LINE (see note ¹ above). THE RIBS ARE DISTINGUISHED BY ROMAN NUMERALS.

Projection-Outlines of the Thoracic and Abdominal Viscera.



¹ See note ¹ to p. 172.

² See Appendix, note ¹.

³ See Appendix, note ¹.

⁴ See note ¹ to p. 174.

FIG. 818. — PROJECTION-OUTLINES OF THE THORACIC AND ABDOMINAL ORGANS ON THE RIGHT SIDE OF THE TRUNK.

The red line indicates the outline of the heart and the pulmonary artery; the continuous blue lines indicate the outlines of the right lung and its three lobes; the dotted blue line indicates the boundaries of the pleural cavity. The violet line indicates the projection-outline of the right lobe of the liver; the yellow lines indicate the projection-outlines of the right kidney and the different sections of the large intestine.

GUIDE-LINES FOR THE DETERMINATION OF THE POSITION OF THE THORACIC ORGANS: AXILLARY LINE (see Appendix, note ⁴⁰) and MAMILLARY LINE (see Appendix, note ⁴⁵). THE RIBS ARE DISTINGUISHED BY ROMAN NUMERALS.

APPARATUS UROGENITALIS
GENITO-URINARY APPARATUS

ORGANA UROPOËTICA
URINARY ORGANS

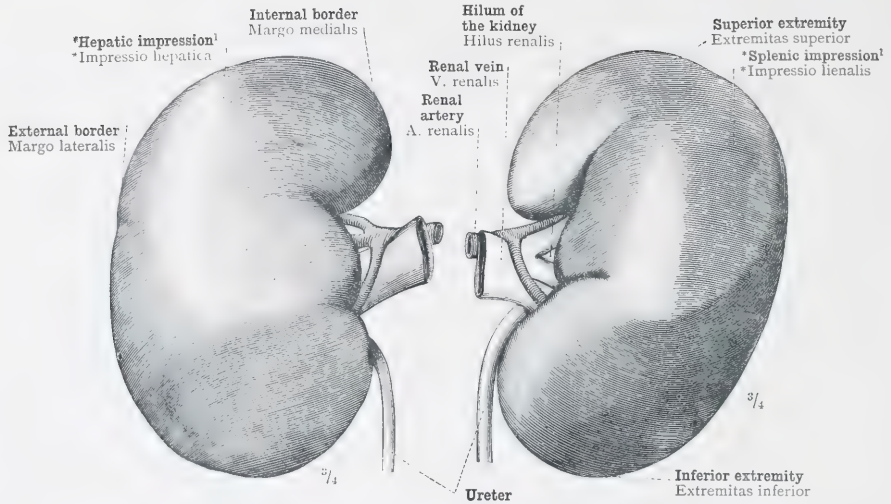


FIG. 819.—REN DEXTER, THE RIGHT KIDNEY. FACIES ANTERIOR, ANTERIOR SURFACE.

FIG. 820.—REN SINISTER, THE LEFT KIDNEY. FACIES ANTERIOR, ANTERIOR SURFACE.

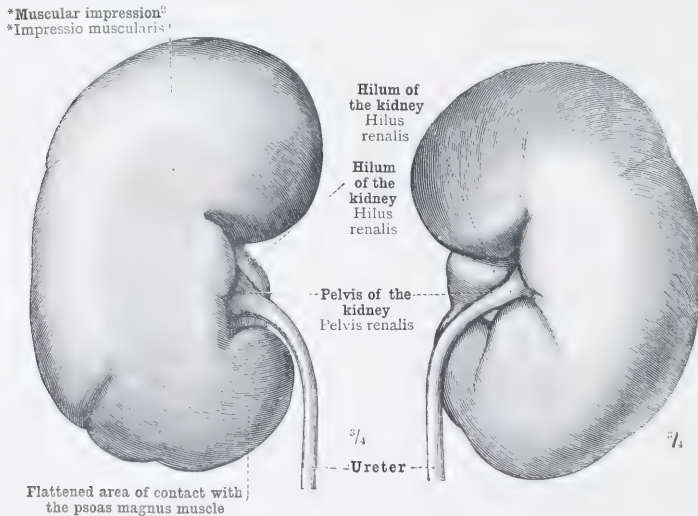


FIG. 821.—REN SINISTER, THE LEFT KIDNEY. FACIES POSTERIOR, POSTERIOR SURFACE.

FIG. 822.—REN DEXTER, THE RIGHT KIDNEY. FACIES POSTERIOR, POSTERIOR SURFACE.

¹ Impressions.—When the solid viscera are hardened *in situ*, their surface presents facets corresponding to the areas of contact with one another and with the structures forming the wall of the abdominal cavity. Such facets are termed *impressions*. The word is used most frequently in connexion with the *impressions* of the liver.—Tr.

² The *muscular impression* is a flattened, very variable in extent, indicating the area of contact of the kidney with the anterior surface of the quadratus lumborum muscle (see also note 1).—Tr.

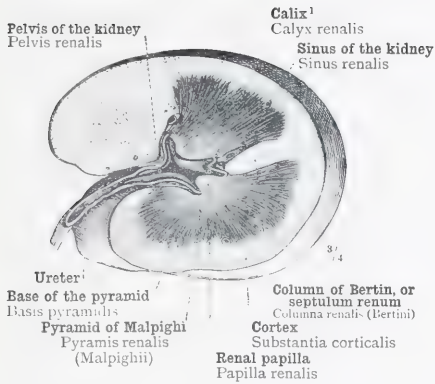


FIG. 823.—HORIZONTAL SECTION THROUGH THE MIDDLE OF THE RIGHT KIDNEY AND THE RENAL PELVIS.

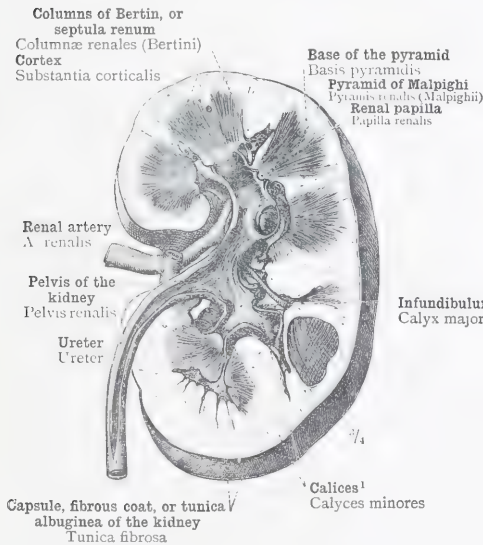


FIG. 825.—CORONAL SECTION THROUGH THE RIGHT KIDNEY AND THE RENAL PELVIS. SUBSTANTIA CORTICALIS, THE CORTX; SUBSTANTIA MEDULLARIS, THE MEDULLA.

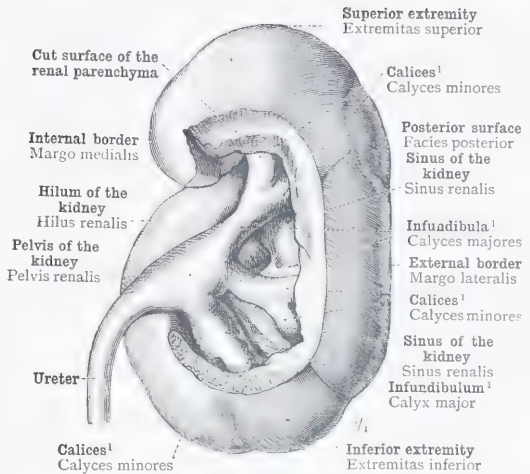


FIG. 824.—PELVIS RENALIS, THE PELVIS OF THE KIDNEY WITH THE CALICES AND INFUNDIBULA (CALYCES RENALES MINORES ET MAJORES) LAID BARE BY THE REMOVAL OF A PORTION OF THE RENAL PARENCHYMA FROM BEHIND.

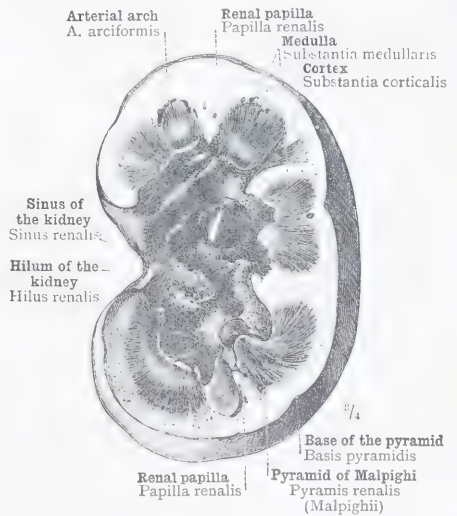


FIG. 826.—SINUS RENALIS, THE SINUS OF THE KIDNEY, DISPLAYED IN A CORONALLY-BISECTED KIDNEY BY REMOVAL OF THE RENAL PELVIS AND THE BLOODVESSELS. POSTERIOR HALF.

¹ See Appendix, note °.

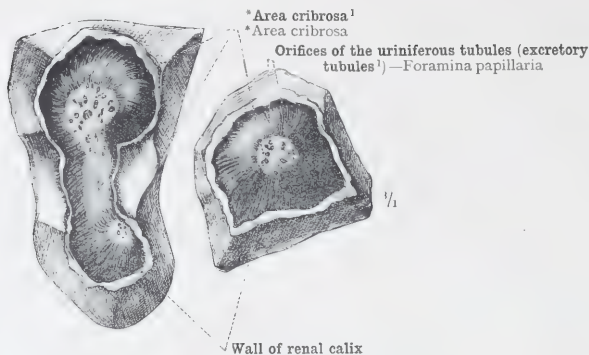
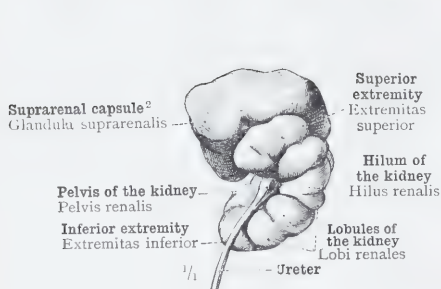
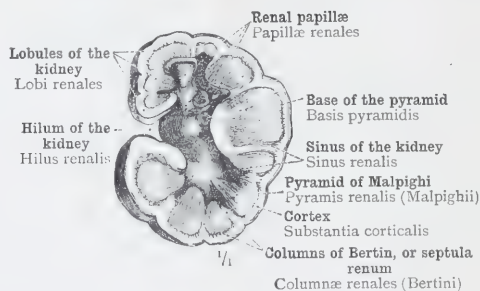
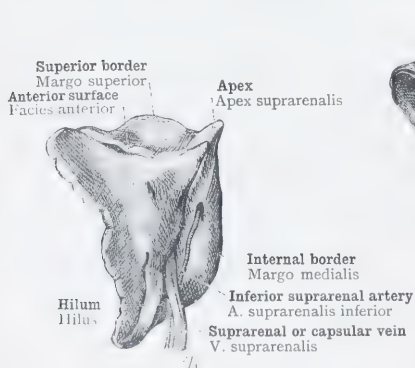
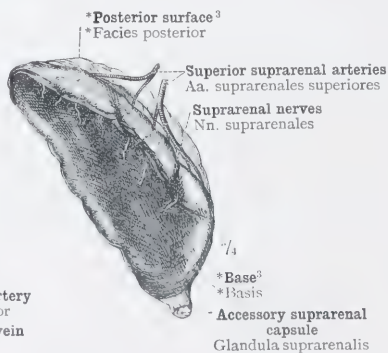
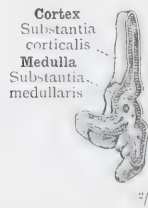
FIG. 827.—²AREA CRIBROSA¹ OF THE RENAL PAPILLA.FIG. 828.—RIGHT KIDNEY AND SUPRARENAL CAPSULE² FROM A HUMAN FETUS IN THE MIDDLE OF THE SEVENTH MONTH (MONTHS OF FOUR WEEKS EACH). SEEN FROM BEHIND.

FIG. 829.—SINUS OF THE KIDNEY, DISPLAYED IN THE CORONALLY-SECTIONED KIDNEY OF AN INFANT AGED THREE WEEKS

FIG. 830.—RIGHT SUPRARENAL CAPSULE,² SEEN FROM BEFORE.FIG. 831.—LEFT SUPRARENAL CAPSULE,² SEEN FROM BEHIND.FIG. 832.—HORIZONTAL SECTION THROUGH THE LEFT SUPRARENAL CAPSULE.²¹ See Appendix, note ¹ A.Called also *suprarenal body*, or *adrenal*.² See Appendix, note ² B.

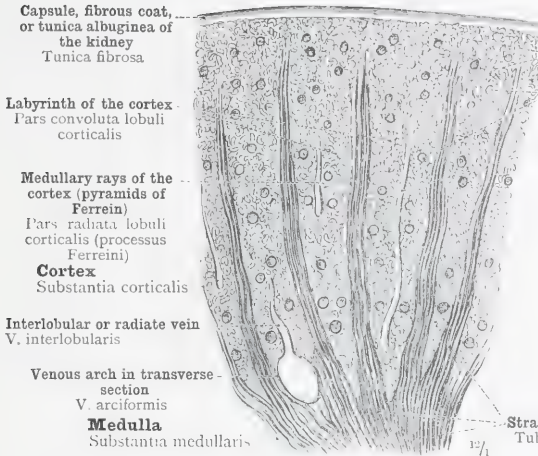


FIG. 833.—PART OF A SECTION THROUGH THE CORTEX OF THE KIDNEY IN THE DIRECTION OF THE STRAIGHT TUBULES.

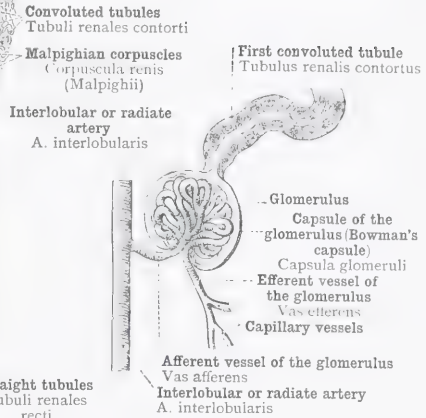
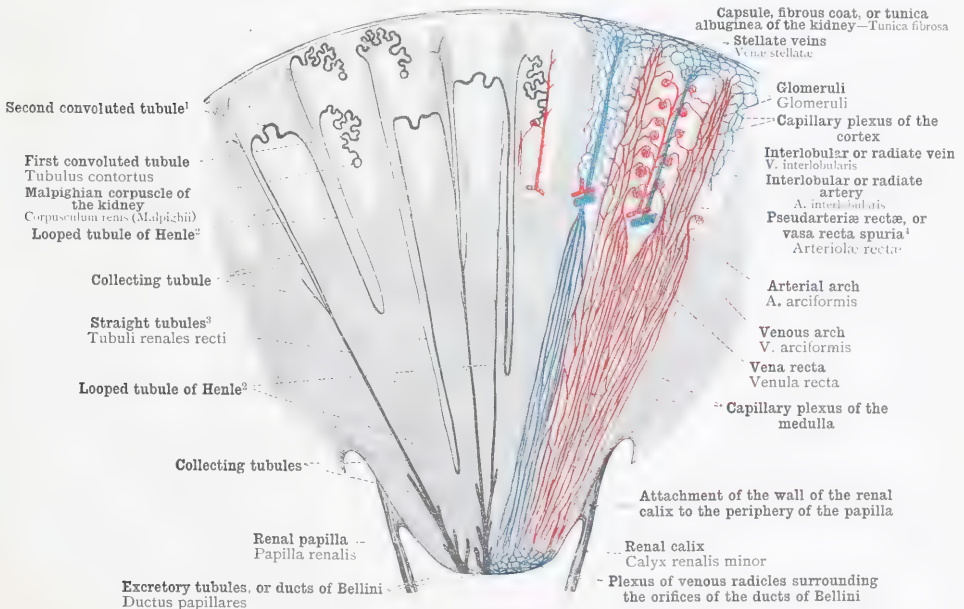


FIG. 834.—CORPUSCULUM RENIS (MALPIGHII), MALPIGHIAN CORPUSCLE OF THE KIDNEY. DIAGRAMMATIC.



¹ See Appendix, note 54.

² See Appendix, note 54.

³ See Appendix, note 54.

⁴ See Appendix, note 54.

FIG. 835.—DIAGRAMMATIC REPRESENTATION OF THE ARRANGEMENT OF THE URINIFEROUS TUBULES AND THE BLOODVESSELS IN THE KIDNEY.

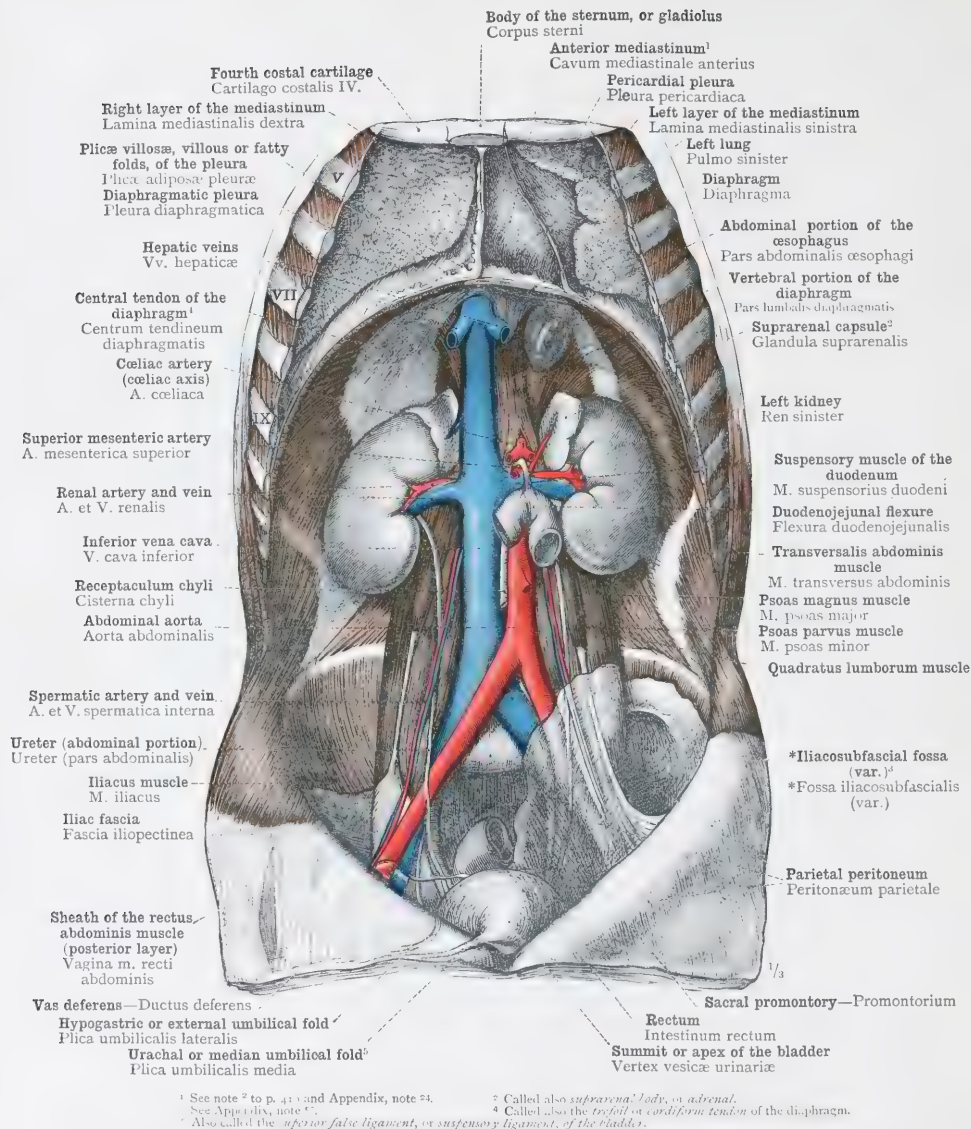


FIG. 836.—POSTERIOR WALL OF THE ABDOMINAL CAVITY, AS SEEN AFTER THE REMOVAL OF THE PARIETAL PERITONEUM; SPATIUM RETROPERITONEALE, THE RETROPERITONEAL SPACE. POSITION OF THE KIDNEYS AND THE SUPRARENAL CAPSULES (see note ² above). ABDOMINAL PORTION OF THE OESOPHAGUS. MUSCULUS SUSPENSORIUS DUODENI, THE SUSPENSORY MUSCLE OF THE DUODENUM.

In the left iliac fossa the parietal peritoneum has been left attached, in order to display the *iliacosubfascial fossa of the peritoneum, which exists in this specimen. (Compare with this figure Fig. 809, p. 479.)

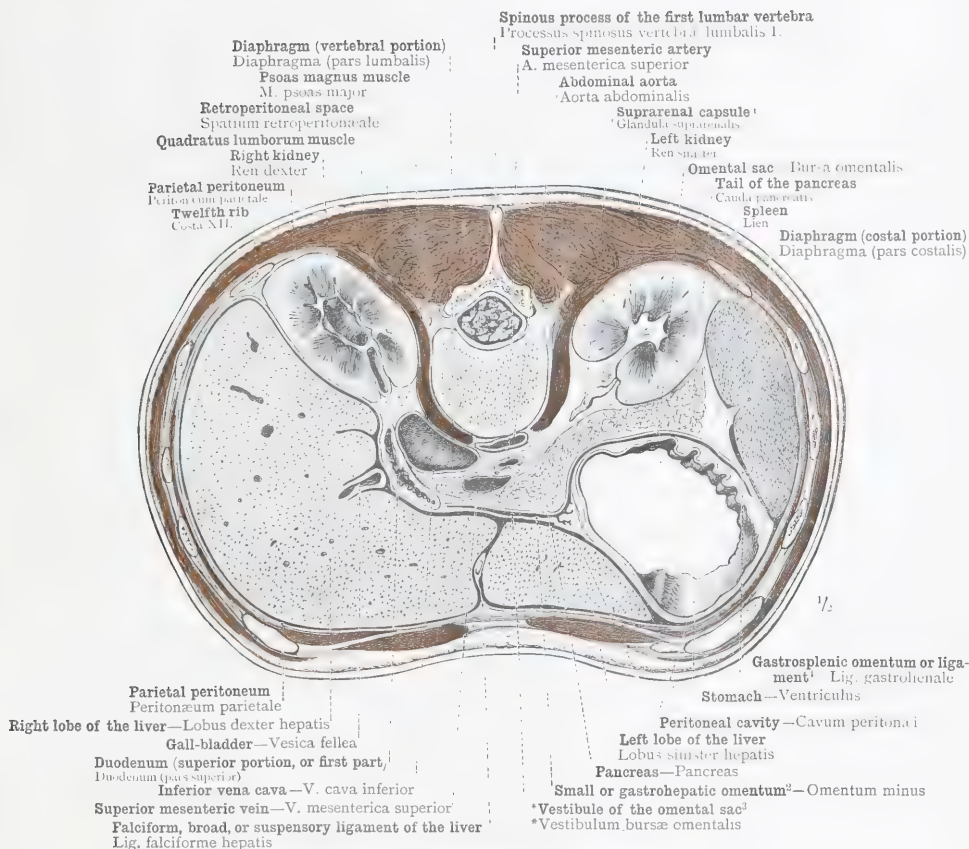
¹ Also known as the *suprarenal body*, or a *renal*.² See Appendix, note 42.³ See Appendix, note 44.⁴ The *gastrosplenic omentum* is connected below with the *great omentum*, and is often regarded as a part of it.—Tr.

FIG. 837.—HORIZONTAL SECTION THROUGH THE TRUNK, PASSING THROUGH THE BODY OF THE FIRST LUMBAR VERTEBRA CLOSE TO ITS UPPER SURFACE. THE POSITION OF THE KIDNEYS IN RELATION TO THE ABDOMINAL WALL, THE LIVER, THE SPLEEN, AND THE PANCREAS.

The right kidney is divided above, the left below, the middle of its vertical extent. The stomach is divided below the middle of its body; the pancreas, near its inferior surface; the spleen, near its inferior extremity. In the hepatic region the section crosses the umbilical fissure (fossa venae umbilicalis) and the body of the gall-bladder. Close to the latter the superior or first part of the duodenum is seen. (Compare this section with those shown in Figs. 810 and 811.)

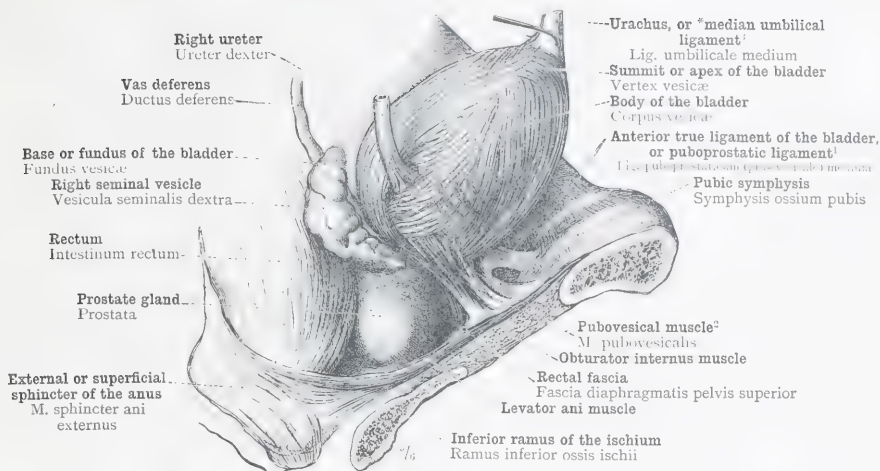


FIG. 840.—EXTERNAL LAYER OF THE MUSCULAR COAT (STRATUM EXTERNUM TUNICÆ MUSCULARIS) OF THE CONTRACTED BLADDER. RELATIONS OF THE SEMINAL VESICLE AND THE PROSTATE GLAND TO THE BLADDER AND THE RECTUM. SEEN FROM THE RIGHT SIDE.

The prostate gland is hypertrophied.

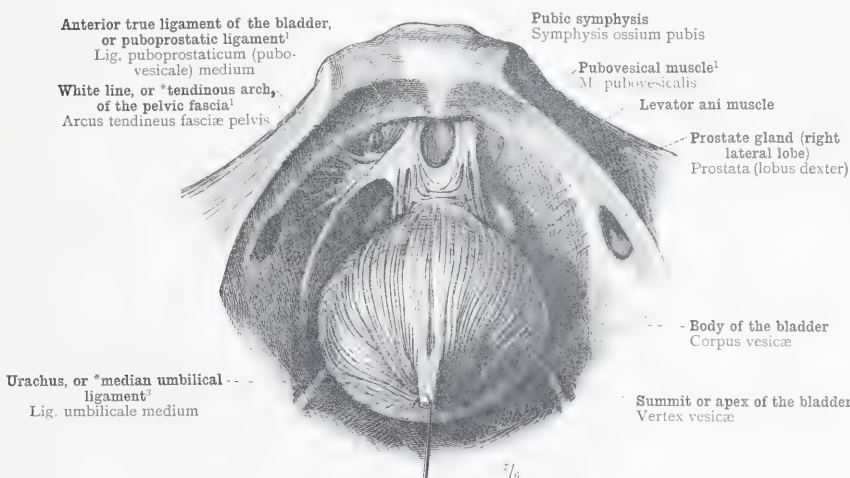


FIG. 841.—EXTERNAL LAYER OF THE MUSCULAR COAT (STRATUM EXTERNUM TUNICÆ MUSCULARIS) OF THE CONTRACTED BLADDER, SEEN FROM BEFORE AND ABOVE.

The bladder has been drawn as far as possible backwards away from the pubes. On the right side the levator ani muscle is exposed; on the left side the rectal fascia¹ covering upper or pelvic surface has been left intact.

¹ See Appendix, note 22.

² See Appendix, note 23.

³ See note 1, p. 37 in Part III.

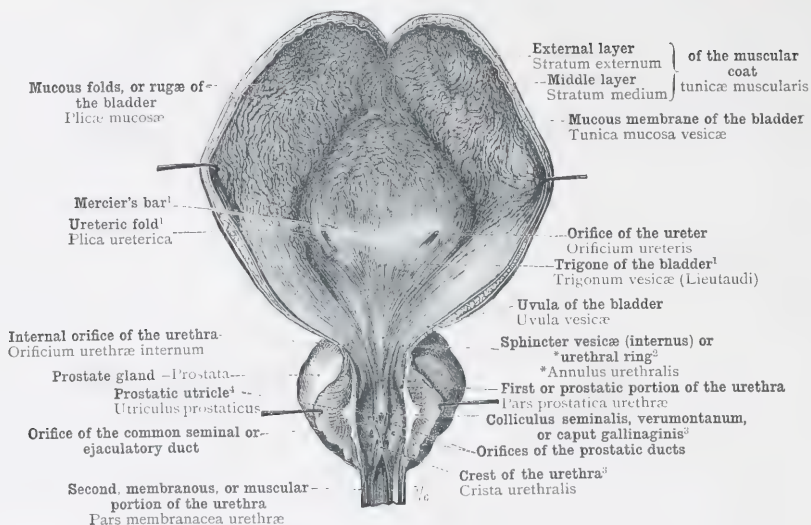


FIG. 842.—THE MALE BLADDER AND THE FIRST OR PROSTATIC PORTION OF THE URETHRA, WITH THE PROSTATE GLAND, OPENED FROM BEFORE.

The bladder was in a moderately distended state.

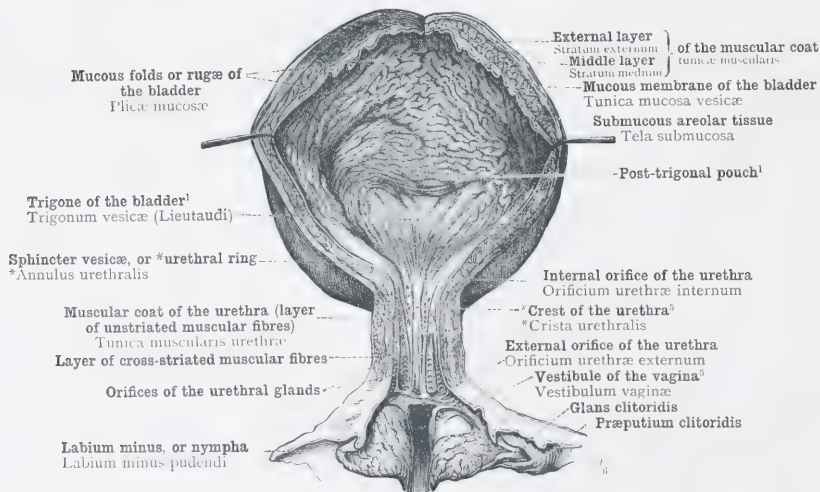


FIG. 843.—THE FEMALE BLADDER AND URETHRA, OPENED FROM BEFORE.

The bladder was nearly empty, and contracted.

¹ See Appendix, note 1.

² See Appendix, note 2.

³ See Appendix, note 3.

⁴ See Appendix, note 4.

⁵ See Appendix, note 5.

ORGANA GENITALIA VIRILIA .
MALE REPRODUCTIVE ORGANS

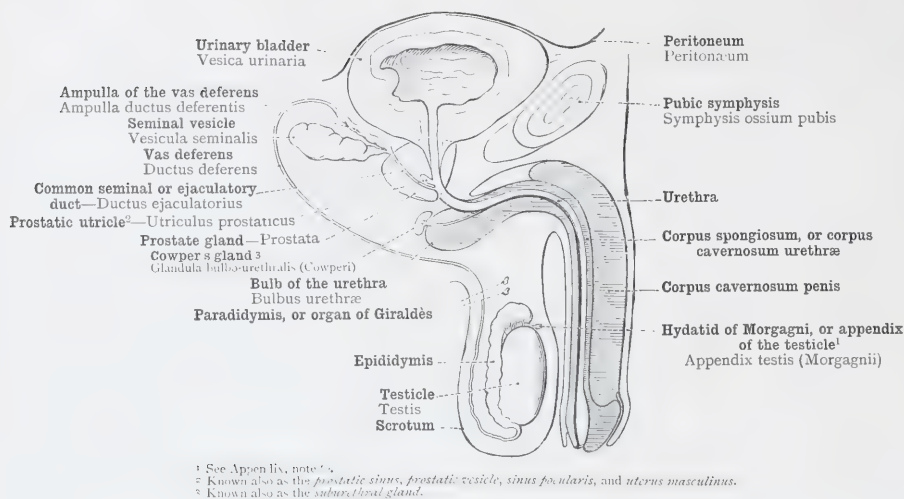


FIG. 844.—DIAGRAMMATIC REPRESENTATION OF THE MALE REPRODUCTIVE ORGANS AND THEIR RELATIONS TO THE BLADDER AND THE URETHRA. LATERAL VIEW.

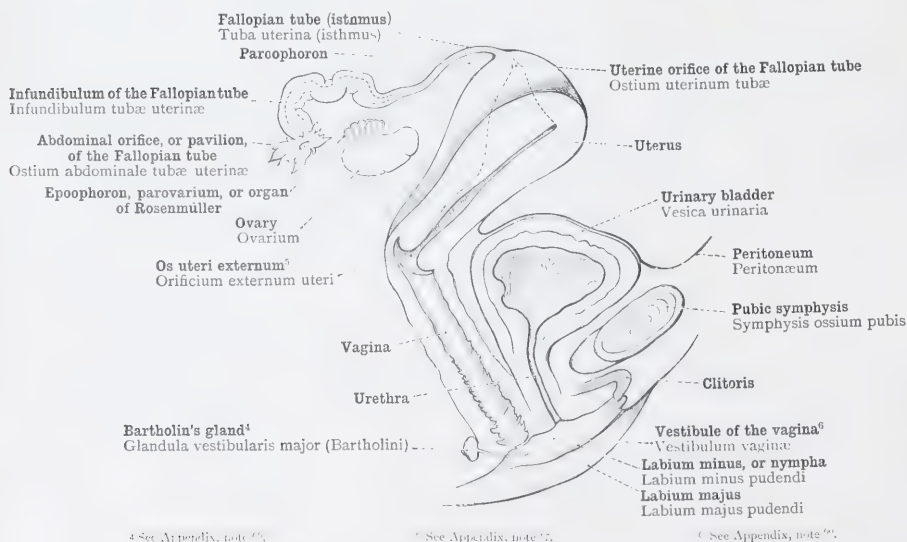


FIG. 845.—DIAGRAMMATIC REPRESENTATION OF THE FEMALE REPRODUCTIVE ORGANS AND THEIR RELATIONS TO THE BLADDER AND URETHRA. LATERAL VIEW.

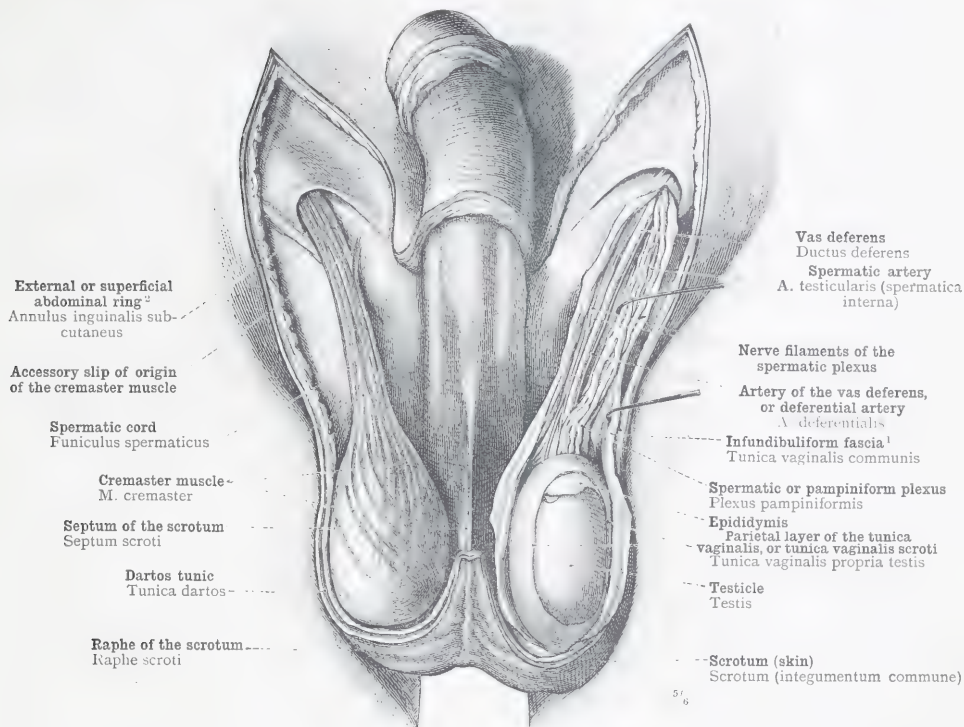


FIG. 846.—THE SCROTUM. THE PENIS HAS BEEN TURNED UPWARDS, AND THE ANTERIOR WALL OF THE SCROTUM HAS BEEN REMOVED. ON THE RIGHT SIDE, THE SPERMATIC CORD, THE INFUNDIBULIFORM FASCIA, AND THE CREMASTER MUSCLE, ARE DISPLAYED; ON THE LEFT SIDE, THE INFUNDIBULIFORM FASCIA HAS BEEN DIVIDED BY A LONGITUDINAL INCISION PASSING ALONG THE FRONT OF THE CORD AND THE TESTICLE, AND A PORTION OF THE TUNICA VAGINALIS SCROTII (PARIETAL LAYER OF THE TUNICA VAGINALIS) HAS BEEN REMOVED, TO DISPLAY THE TESTICLE AND A PORTION OF THE HEAD OR GLOBUS MAJOR OF THE EPIDIDYMI, WHICH ARE COVERED BY THE TUNICA VAGINALIS TESTIS, OR VISCERAL LAYER OF THE TUNICA VAGINALIS.

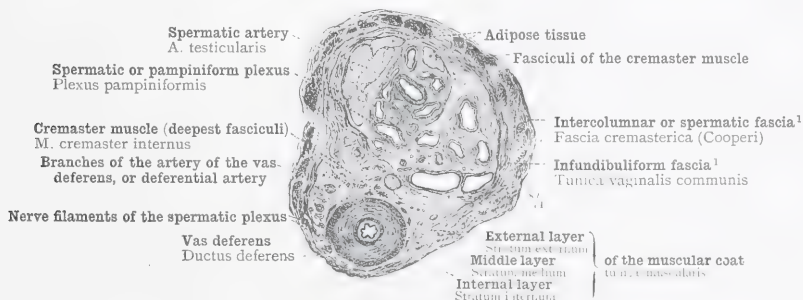


FIG. 847.—TRANSVERSE SECTION THROUGH THE SPERMATIC CORD NOT FAR FROM ITS EMERGENCE FROM THE INGUINAL CANAL.

¹ See Appendix, note 60.

² Known also as the external inguinal aperture.

Scrotum—The scrotum.—Funiculus spermaticus—The spermatic cord.

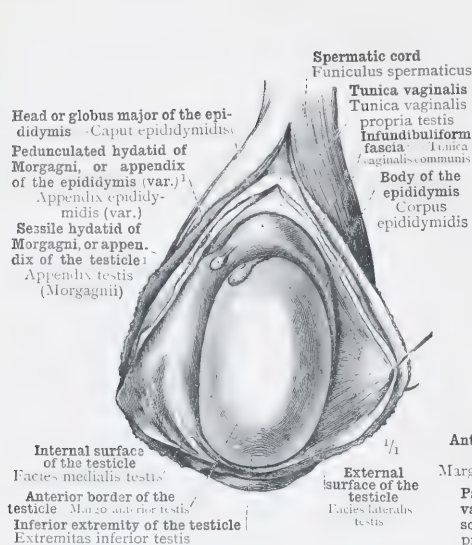


FIG. 848.—THE LEFT TESTICLE WITH THE EPIDIDYMIS, THE INFUNDIBULIFORM FASCIA AND THE PARIETAL LAYER OF THE TUNICA VAGINALIS (TUNICA VAGINALIS SCROTI) HAVING BEEN DIVIDED. SEEN FROM BEFORE.

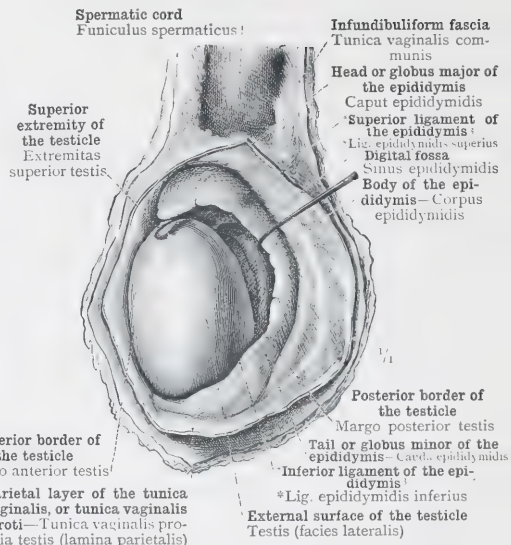


FIG. 849.—THE LEFT TESTICLE WITH THE EPIDIDYMIS, THE LATTER BEING DRAWN A LITTLE BACKWARDS. THE INFUNDIBULIFORM FASCIA AND THE PARIETAL LAYER OF THE TUNICA VAGINALIS (TUNICA VAGINALIS SCROTI) HAVE BEEN DIVIDED. SEEN FROM THE OUTER SIDE.

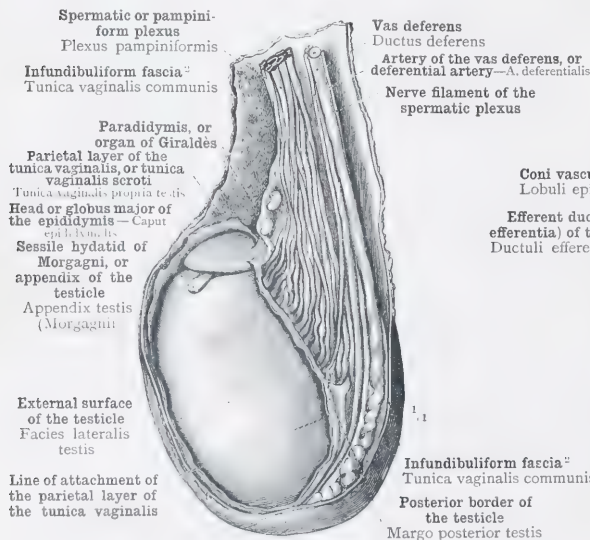


FIG. 850.—THE TESTICLE WITH THE PAMPINIFORM PLEXUS, THE SEROUS SAC OF THE TESTICLE (TUNICA VAGINALIS) HAVING BEEN OPENED FROM THE INNER SIDE.

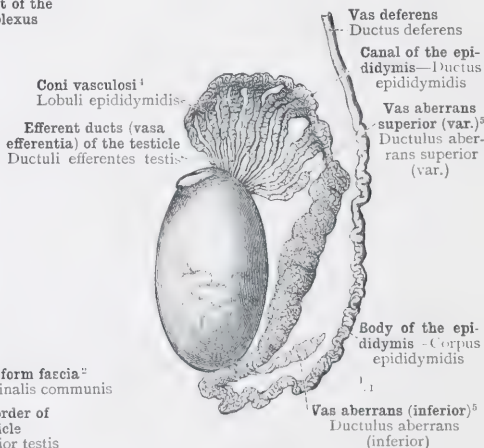


FIG. 851.—THE TESTICLE WITH ITS EFFERENT DUCTS AND THE CANAL OF THE EPIDIDYMIS DISSECTED OUT. SEEN FROM THE OUTER SIDE.

¹ See Appendix, note 6.

² See Appendix, note 7.

³ See Appendix, note 6.

⁴ See Appendix, note 7.

⁵ See Appendix, note 7.

Reflection of the parietal layer of the tunica vaginalis (tunica vaginalis scroti) into the visceral layer of the tunica vaginalis (tunica vaginalis testis)

Vas deferens
Ductus deferens
Body of the epididymis
Corpus epididymidis
Digital fossa
Sinus epididymidis
Mediastinum testis, or corpus Highmori
Septa of the testicle
Septula testis
Lobules of the testicle
Lobuli testis
Tunica albuginea or fibrous capsule of the testicle—Tunica albuginea testis



1/1

Spermatic or pampiniform plexus
Plexus pampiniformis
Parietal layer of the tunica vaginalis or tunica vaginalis scroti
Tunica vaginalis propria testis (lamina parietalis)
Visceral layer of the tunica vaginalis, or tunica vaginalis testis
Tunica vaginalis propria testis (lamina visceralis)
Infundibuliform fascia
Tunica vaginalis communis

Body of the epididymis
Corpus epididymidis

Head or globus major of the epididymis—Caput epididymidis
Spermatic or pampiniform plexus
Plexus pampiniformis

Mediastinum testis, or corpus Highmori

Superior extremity
Extremitas superior



Septa of the testicle
Septula testis

Lobules of the testicle
Lobuli testis

Anterior border of the testicle
Margo anterior testis

Tunica albuginea or fibrous capsule of the testicle—Tunica albuginea testis

Tail or globus minor of the epididymis
Cauda epididymidis

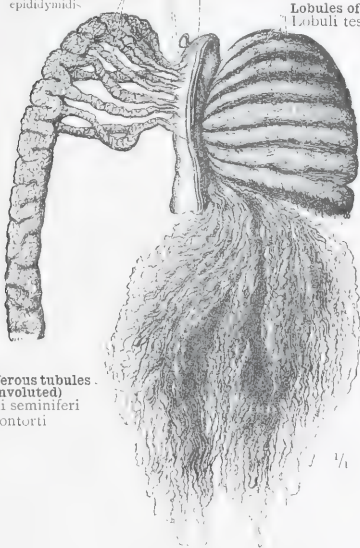
FIG. 852.—HORIZONTAL SECTION THROUGH THE RIGHT TESTICLE AND THE EPIDIDYMIS, AND THROUGH THE TUNICA VAGINALIS AND THE INFUNDIBULIFORM FASCIA.

FIG. 853.—SAGITTAL SECTION THROUGH THE MIDDLE OF THE RIGHT TESTICLE. THE MEDIASTINUM TESTIS, OR CORPUS HIGHMORI.

Efferent ducts (vasa efferentia) of the testicle—Ductuli efferentes
Coni vasculosi—Lobuli epididymidis

Tunica albuginea or fibrous capsule of the testicle
Tunica albuginea testis

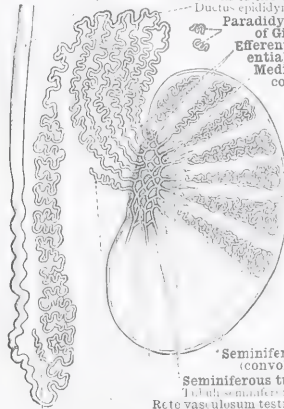
Lobules of the testicle
Lobuli testis



Seminiferous tubules (convoluted)
Tubuli seminiferi contorti

1/1

Vas deferens
Ductus deferens
Canal of the epididymis
Ductus epididymidis
Paradidymis, or organ of Giraldes
Efferent ducts (vasa efferentia) of the testicle (1)
Mediastinum testis, or corpus Highmori



Seminiferous tubules (convoluted) (1)

Seminiferous tubules (straight)

Lobuli seminiferi recti

Recto vasulosum testis (Halleri)

Vas aberrans superior (var.)²

Ductulus aberrans superior (var.)

Vas aberrans (inferior)

Ductulus aberrans (inferior)

(1) Ductuli efferentes

() Tubuli seminiferi contorti

FIG. 854.—THE PARENCHYMA OF THE TESTICLE, PARTIALLY ISOLATED BY MACERATION IN HYDROCHLORIC ACID SOLUTION.

¹ See Appendix, note 2.

² See Appendix, note 2.

FIG. 855.—DIAGRAMMATIC REPRESENTATION OF THE COURSE AND CONNECTIONS OF THE TUBES OF THE TESTICLE AND THE EPIDIDYMIS.

Testis—The testicle.—Epididymis—The epididymis.

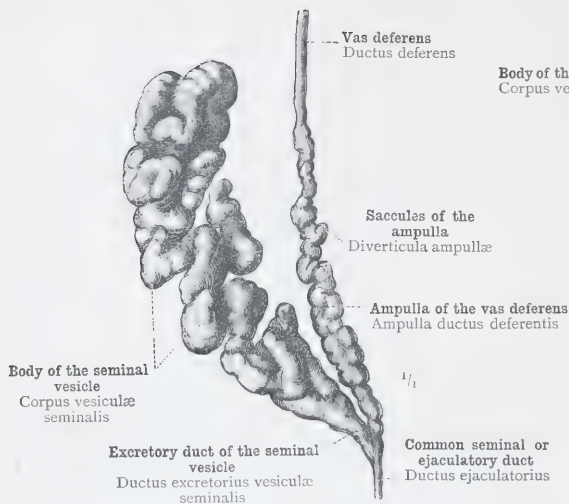


FIG. 856.—CAST OF THE INTERIOR OF THE RIGHT SEMINAL VESICLE, THE AMPULLA OF THE VAS DEFERENS, AND THE COMMON SEMINAL OR EJACULATORY DUCT.

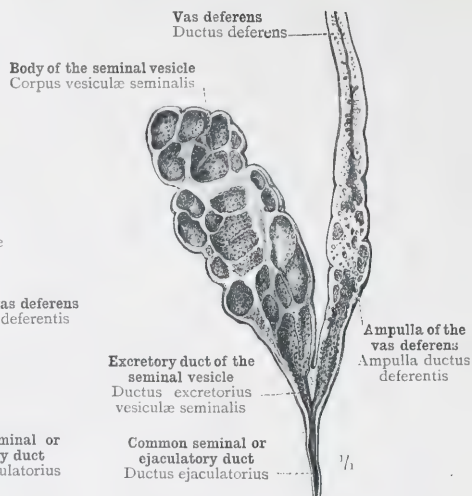
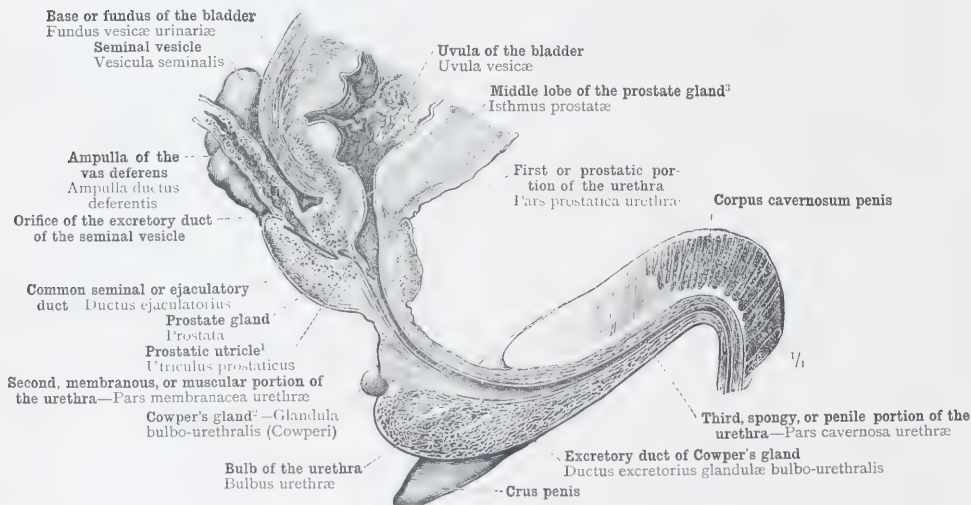


FIG. 857.—LONGITUDINAL SECTION THROUGH THE RIGHT SEMINAL VESICLE, THE AMPULLA OF THE VAS DEFERENS, AND THE COMMON SEMINAL OR EJACULATORY DUCT.



¹ Known above as the *prostatic utricle*, *prostatic gland*, *prostatic utricle*, and *internal penile urethra*.
² Known above as the *seminal gland*. (See Appendix, note 7.)

FIG. 858.—SAGITTAL SECTION THROUGH THE MALE URETHRA. LEFT HALF. URETHRAL ORIFICES OF THE COMMON SEMINAL OR EJACULATORY DUCT AND THE EXCRETORY DUCT OF COWPER'S GLAND (see note ² above). THE PROSTATIC UTRICLE (see note ¹ above).

Vesicula seminalis—The seminal vesicle.—Ductus deferens—The vas deferens.—
 Ductus ejaculatorius—The common seminal or ejaculatory duct.

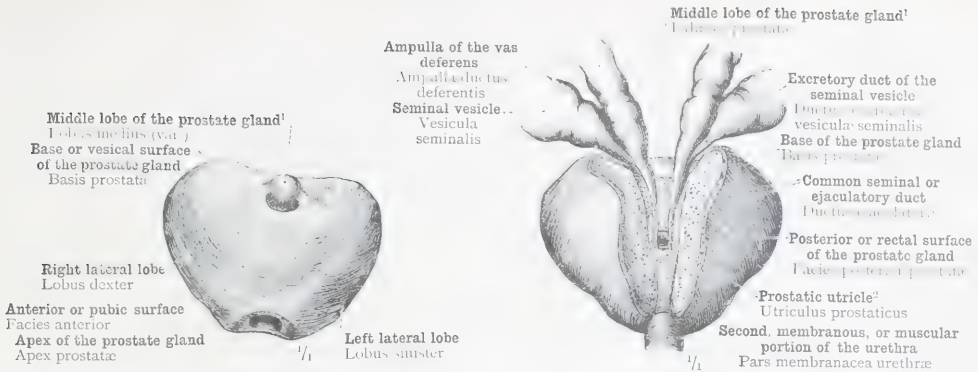


FIG. 859.—THE PROSTATE GLAND, ISOLATED AND SEEN FROM BEFORE.

FIG. 860.—THE COMMON SEMINAL OR EJACULATORY DUCTS AND THE BLIND EXTREMITY OF THE PROSTATIC UTRICLE, LAID BARE FROM BEHIND BY THE REMOVAL OF A PORTION OF THE PROSTATE GLAND.

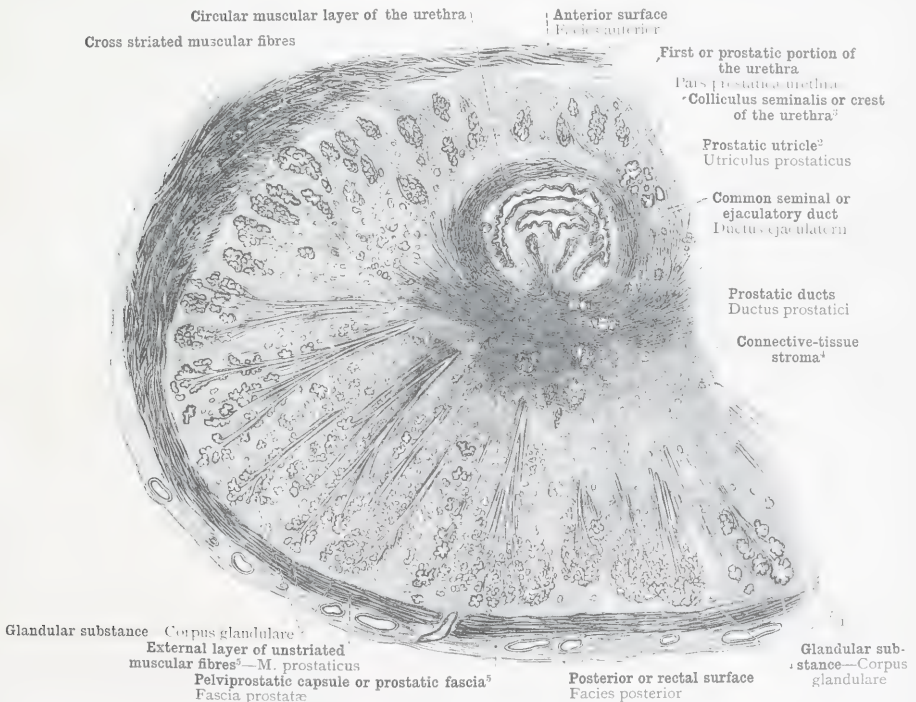


FIG. 861.—HORIZONTAL SECTION THROUGH THE MIDDLE OF THE PROSTATE GLAND OF A MUSCULAR MAN TWENTY-FOUR YEARS OF AGE. TRANSVERSE SECTION OF THE COLLICULUS SEMINALIS OR CREST OF THE URETHRA.

¹ See Appendix, p. 510.

² See Appendix, p. 510. The prostatic utricle is sometimes described as a blind pouch, and sometimes as a diverticulum.

³ See Appendix, p. 510. The connective-tissue stroma is sometimes described as a diverticulum. See Appendix, p. 510.

⁴ This is called the connective-tissue stroma (prostatic connective-tissue). It is the part of the prostate gland that is chiefly of unstriated muscular fibres.

⁵ See Appendix, p. 510.

Prostata The prostate gland. Ductus ejaculatorii—The common seminal or ejaculatory ducts.

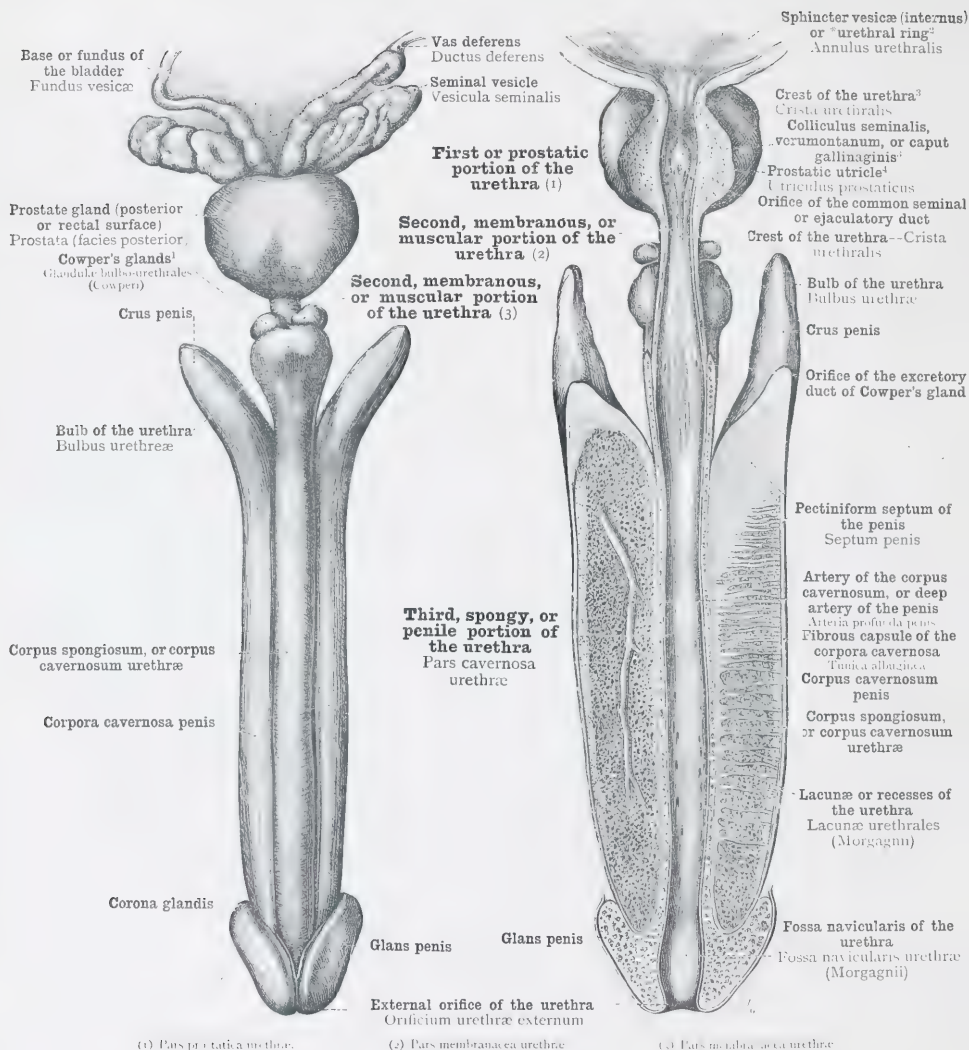


FIG. 862.—THE PENIS, WITH THE URETHRA, COWPER'S GLANDS,¹ THE PROSTATE GLAND, AND THE SEMINAL VESICLES, SEEN FROM BELOW AND BEHIND.

FIG. 863.—THE MALE URETHRA, OPENED FROM ABOVE AND BEFORE BY A SAGITTAL SECTION CLOSE TO THE PECTINIFORM SEPTUM OF THE PENIS.

¹ Known as the *urethral glands*.

² See Appendix, note 62.

³ See Appendix, note 63.

⁴ Known as the *prostatic sinus, prostatic vesicle, sinus prostaticus, and verumontanum*.

Penis—The penis.—Urethra virilis—The male urethra.

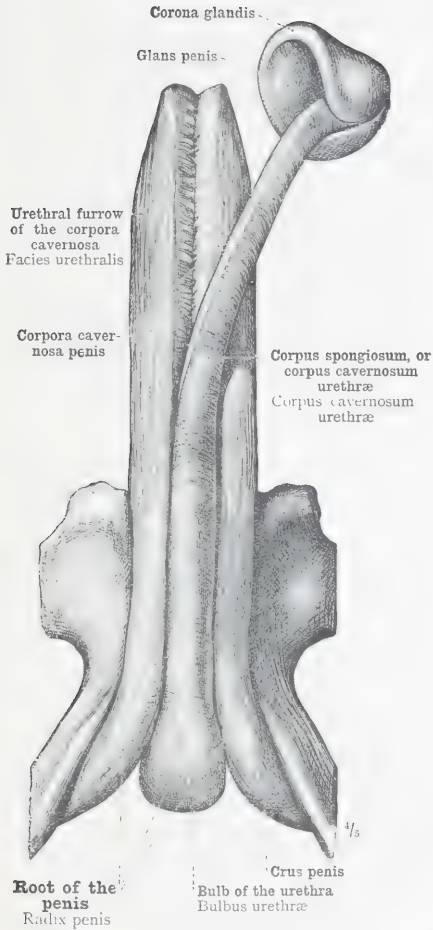


FIG. 864.—THE PENIS, WITH THE PUBIC BONES. SEEN FROM BEFORE AND BELOW.

The corpus spongiosum, or corpus cavernosum urethrae, with the glans penis, has been separated from the corpora cavernosa penis for the anterior half of its extent, and turned to one side.

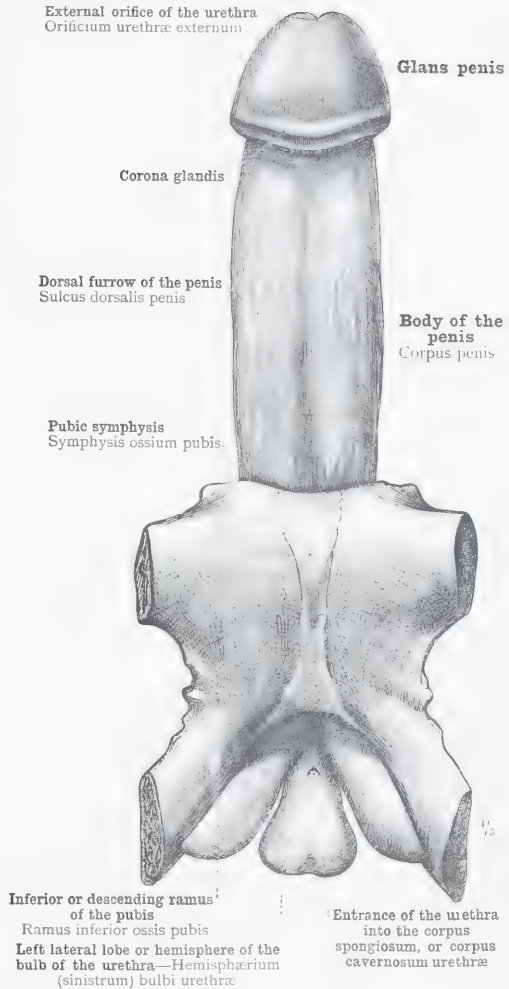


FIG. 865.—THE PENIS, WITH THE PUBIC BONES. SEEN FROM ABOVE AND BEHIND.

The urethra has been cut away at its entrance into the corpus spongiosum, or corpus cavernosum urethrae.

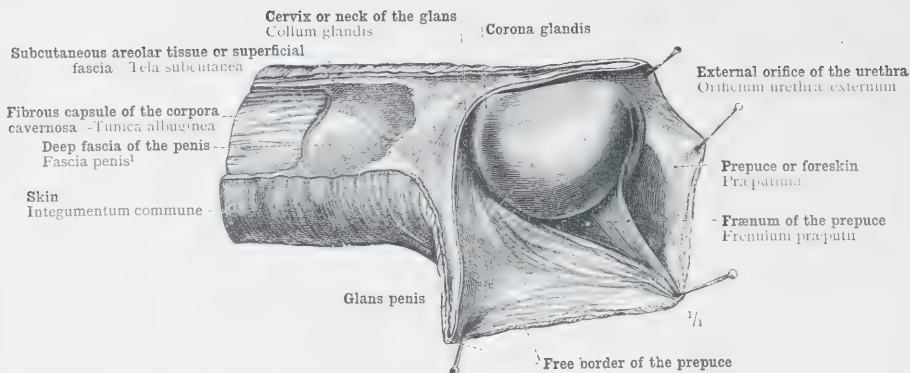


FIG. 866.—FREE PORTION, OR BODY, OF THE PENIS SEEN FROM THE RIGHT SIDE.

The skin has been divided along the dorsum of the penis, and the right half of the prepuce or foreskin has been turned downwards. The subcutaneous areolar tissue or superficial fascia and the deep fascia have been partially removed.

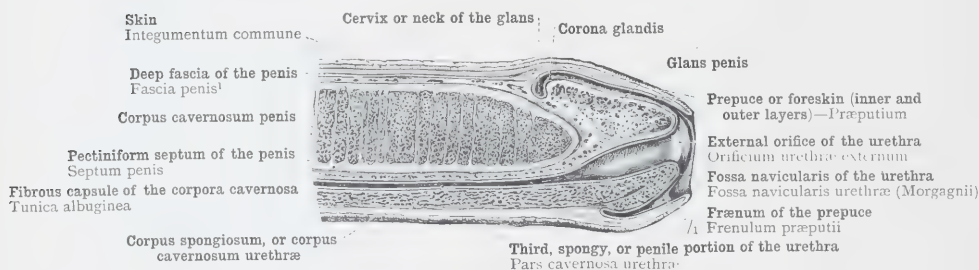


FIG. 867.—MEDIAN SAGITTAL SECTION THROUGH THE FREE PORTION, OR BODY, OF THE PENIS.

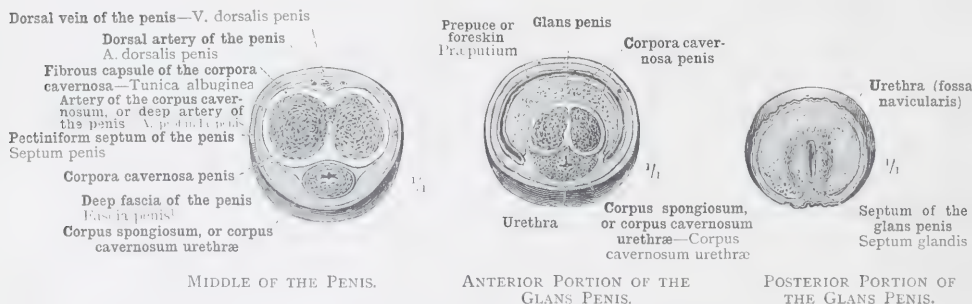


FIG. 868.—TRANSVERSE SECTIONS THROUGH THE PENIS.

¹ *See in Penis.* This term, used by the author, denotes not only the *dermatome* of the penis of English anatomists, which forms a sheath for the free portion or *body* of the penis, but also the fascial layer (structurally continuous with the deep fascia of the penis) which covers the root of the organ, and belongs to the perineum. This latter is usually known in England by the name of *Collet's fascia*. See FIG. 861, p. 505, and note on that page.—*Ed.*

The Penis.

ORGANA GENITALIA MULIEBRIA
FEMALE REPRODUCTIVE ORGANS

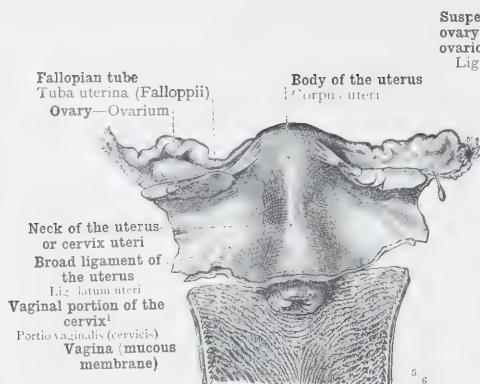


FIG. 869.—INTERNAL GENITAL ORGANS OF A NEWBORN, POWERFULLY-DEVELOPED FEMALE INFANT. SEEN FROM BEHIND.

The posterior wall of the vagina has been divided by a median longitudinal incision and the segments turned to the right and the left.

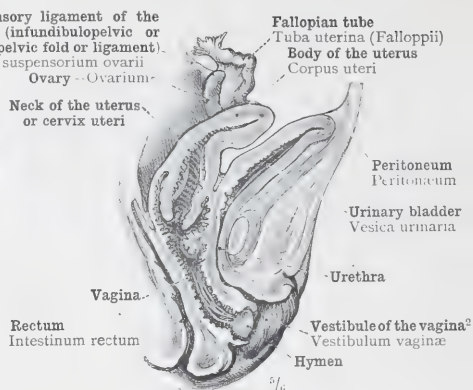


FIG. 870.—REPRODUCTIVE ORGANS OF A NEWBORN, POWERFULLY-DEVELOPED FEMALE INFANT IN MEDIAN SAGITTAL SECTION. LEFT HALF.

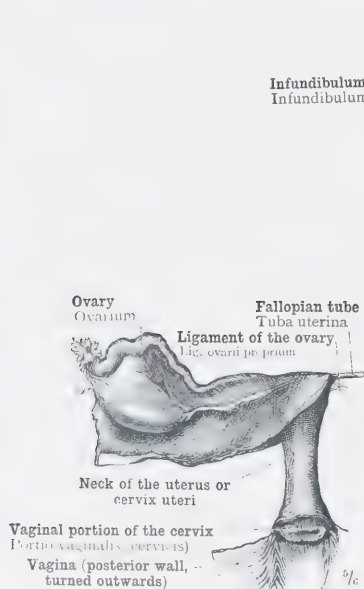


FIG. 871.—INTERNAL GENITAL ORGANS OF A GIRL AGED EIGHT YEARS. SEEN FROM BEHIND.

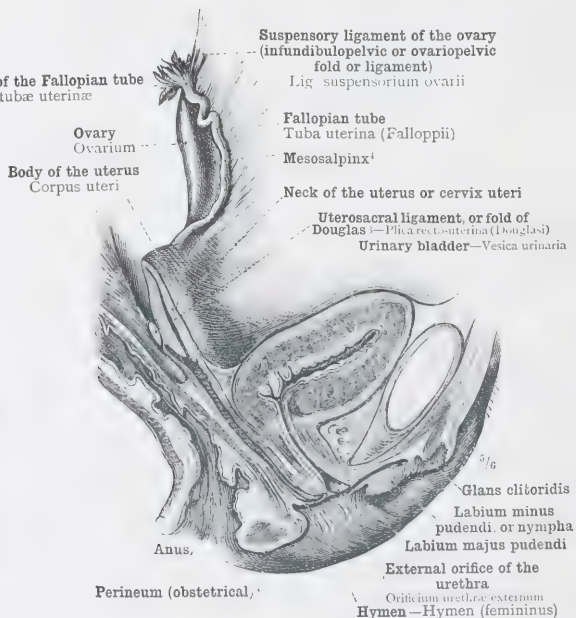


FIG. 872.—REPRODUCTIVE ORGANS OF A GIRL AGED TEN YEARS IN MEDIAN SAGITTAL SECTION. LEFT HALF.

¹ See Appendix, note 7.
Known also as the *rectovaginal fold* or *ligament*. It forms the lateral boundary of the *pouch of Douglas*, and must be distinguished from the *rectovaginal ligament*, which forms the floor of that pouch.—Tr.

² See Appendix, note 82.

³ See Appendix, note 7.

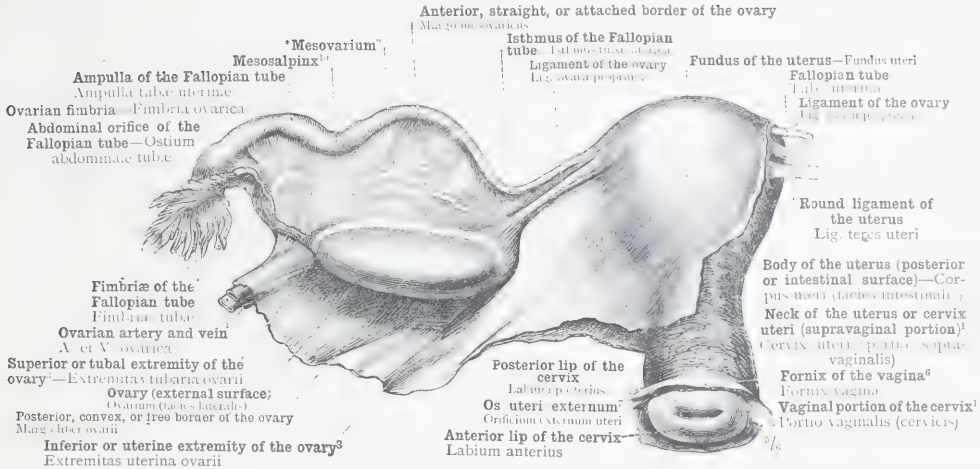


FIG. 873.—THE UTERUS, THE LEFT FALLOPIAN TUBE, AND THE LEFT OVARY, IN THEIR CONNEXION WITH THE BROAD LIGAMENT OF THE UTERUS, WHICH HAS BEEN FULLY UNFOLDED.³ SEEN FROM BEHIND. FROM A VIRGIN, AGED NINETEEN YEARS.

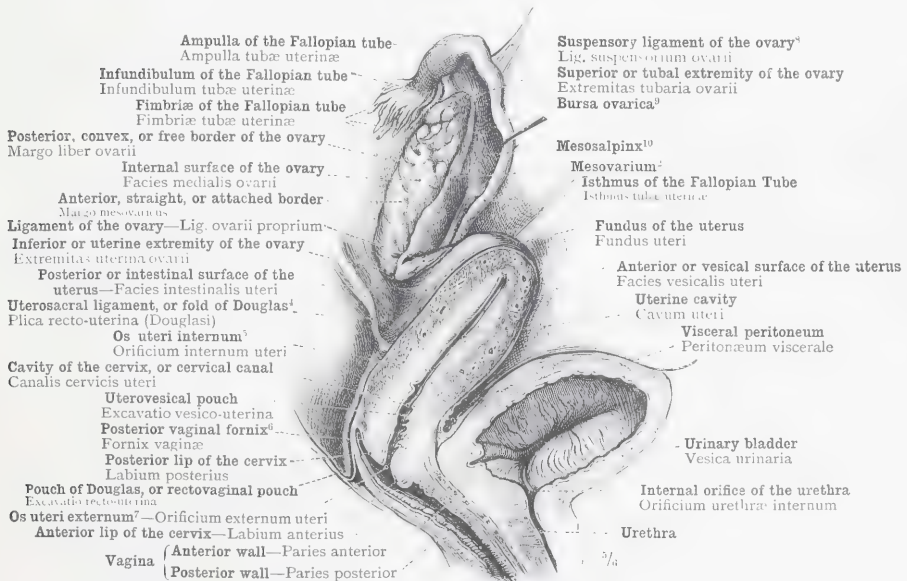


FIG. 874.—INTERNAL GENITAL ORGANS OF A WOMAN AGED THIRTY-FIVE YEARS. UTERUS, VAGINA, AND BLADDER IN MEDIAN SAGITTAL SECTION. LEFT OVARY AND FALLOPIAN TUBE, BY THE DRAWING APART OF WHICH THE BURSA OVARICA HAS BEEN OPENED UP.

¹ See Appendix, note 71.

² See Appendix, note 72.

³ See Appendix, note 73.

⁴ See Appendix, note 74.

Known also as the *isthmus uteri*, *extremitas uterinae*, and sometimes as *os uteri*.

⁵ See Appendix, note 75.

⁶ See Appendix, note 76.

Known also as the *perispermial space* or *ovarian bursa*.

⁷ See Appendix, note 77.

⁸ See Appendix, note 78.

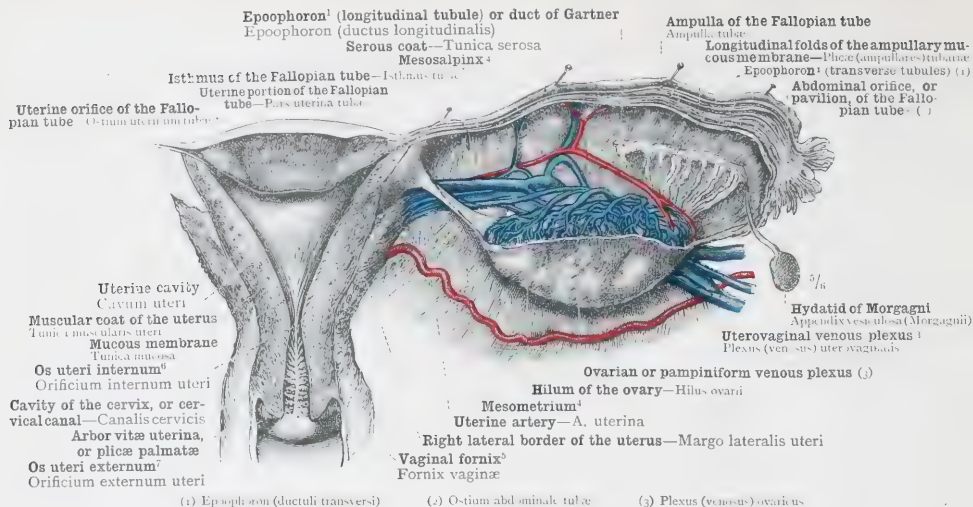


FIG. 875.—THE UTERUS AND THE RIGHT FALLOPIAN TUBE, OPENED FROM BEHIND. EPOOPHORON, PAROVARIUM, OR ORGAN OF ROSENMÜLLER.

The posterior layer of the broad ligament of the uterus has been removed.

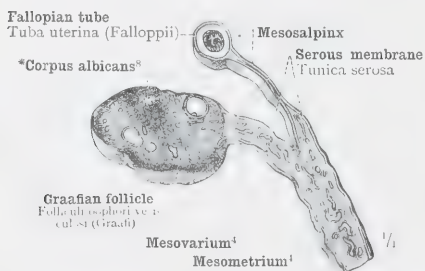


FIG. 876.—LIGAMENTUM LATUM UTERI, THE BROAD LIGAMENT OF THE UTERUS, WITH THE MESOSALPINX, THE OVARY, AND THE FALLOPIAN TUBE, IN TRANSVERSE SECTION.

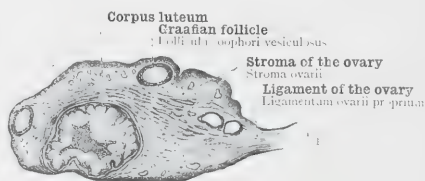


FIG. 877.—LONGITUDINAL SECTION THROUGH THE OVARY.

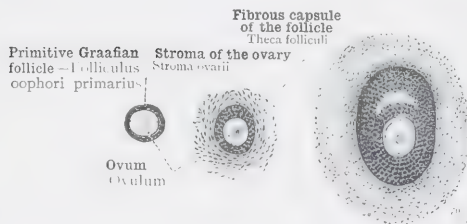


FIG. 878.—STAGES IN THE DEVELOPMENT OF THE PRIMITIVE GRAAFIAN FOLLICLES.

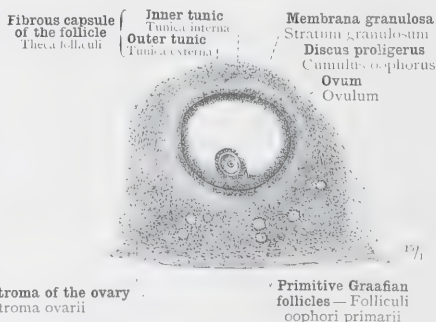


FIG. 879.—GRAAFIAN FOLLICLE, FOLLICULUS OOPHORUS VESICULOSUS, IN SECTION.

¹ The *epophoron* is also known as the *parovarium*, or *organ of Rosenmüller*.

² See Appendix, note 1.

³ See note 1, p. 411.

⁴ See Appendix, note 2.

⁵ See Appendix, note 3.

⁶ See Appendix, note 4.

⁷ See Appendix, note 5.

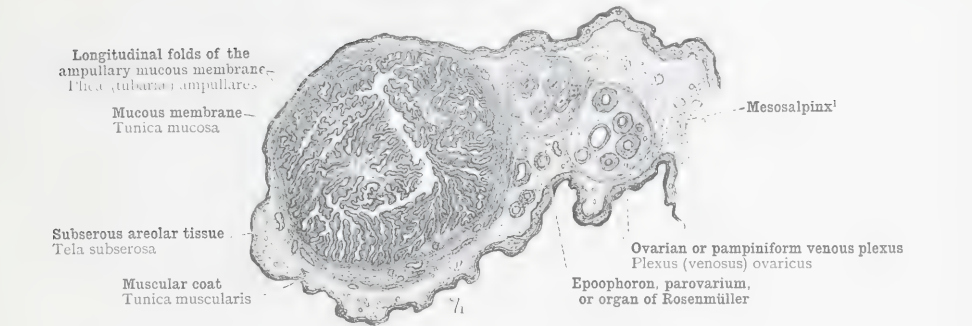


FIG. 880.—AMPULLA TUBE UTERINÆ, THE AMPULLA OF THE FALLOPIAN TUBE, WITH THE ADJOINING PORTION OF THE MESOSALPINX, AND THE EPOOPHORON, PAROVARIUM, OR ORGAN OF ROSENMÜLLER, IN TRANSVERSE SECTION.



FIG. 881.—SAGITTAL SECTION THROUGH THE FEMALE PELVIS, 4 CENTIMETRES (1 5/8 INCHES) TO THE RIGHT OF THE MEDIAN PLANE. THE SECTION PASSES THROUGH THE RIGHT BROAD LIGAMENT OF THE UTERUS, AND SHOWS THE CONTINUITY OF THE TWO LAYERS OF THIS LIGAMENT WITH THE PARIETAL PERITONEUM OF THE FLOOR OF THE PELVIS. *PARAMETRIUM, OR PARAMETRIC CONNECTIVE TISSUE (see Appendix, note 84). DIAPHRAGMA PELVIS, THE PELVIC DIAPHRAGM (see Appendix, note 85), WITH ITS SUPERIOR AND INFERIOR FASCIAL LAYERS, AND INFERIOR TO THE LATTER OF THESE THE FATTY TISSUE OF THE ISCHIORECTAL FOSSA. FROM A FROZEN PREPARATION.

The long axis of the uterus in this specimen is vertical, the organ being pathologically retroverted.

Tuba uterina—The Fallopian tube.—*Ligamentum latum uteri*—The broad ligament of the uterus.—**Parametrium*—The parametric connective tissue.

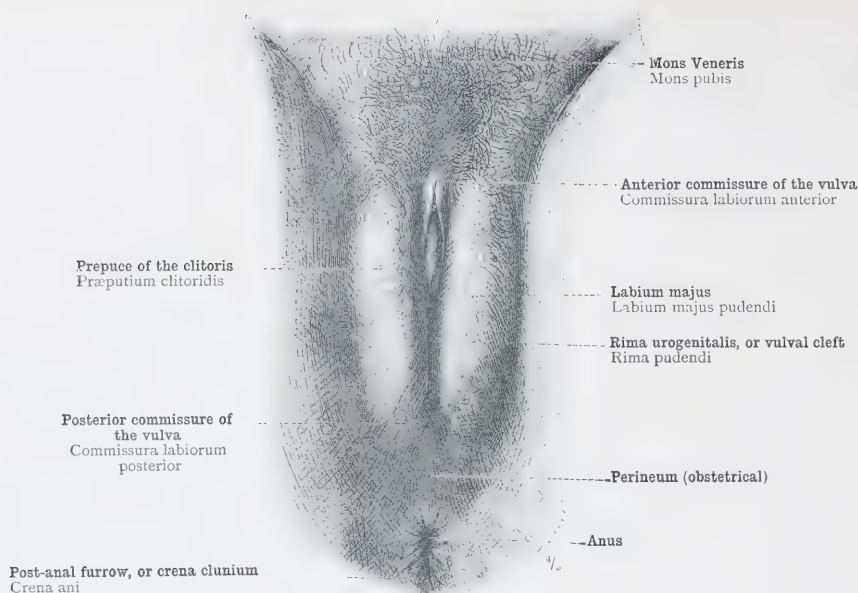
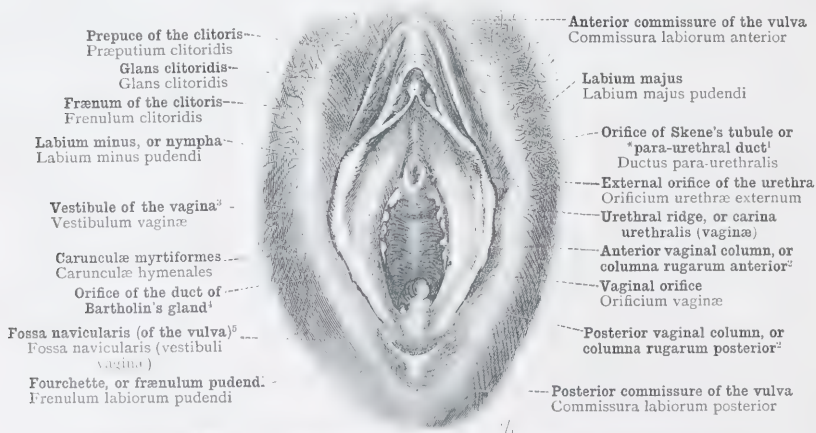


FIG. 882.—PUDENDUM MULIEBRE, THE FEMALE PUDENDUM, OR VULVA, WITH THE LABIA MAJORA. RIMA UROGENITALIS, THE VULVAL CLEFT. FEMALE PERINEUM (OBSTETRICAL PERINEUM). MONS VENERIS, WITH THE PUBIC HAIR.



¹ See Appendix, note 86.

² See Appendix, note 89.

³ *Canal of the vestibular gland*, known also as *Percræ's gland* and the *suburethral gland*. (See Appendix, note 86.)

⁴ See Appendix, note 86.

⁵ *Vagina*—see also, anterior and posterior. These may be either single or double.—Tr.

FIG. 883.—VESTIBULE OF THE VAGINA (see note ³ above) WITH THE LABIA MINORA OR NYMPHÆ, THE VAGINAL AND URETHRAL ORIFICES, AND THE GLANS CLITORIDIS.

The labia majora have been drawn outwards, and the rima urogenitalis, or vulval cleft, has thus been widely opened.

Partes genitales externæ muliebres—The female external genital organs.

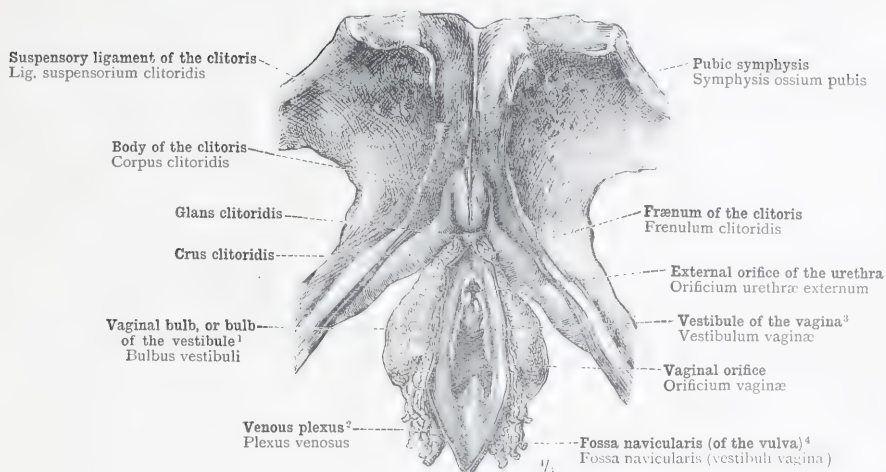


FIG. 884.—THE CLITORIS AND THE VAGINAL BULB OR BULB OF THE VESTIBULE,¹ INJECTED WITH RESIN THROUGH THE VEINS, AND FULLY EXPOSED BY REMOVAL OF THE LABIA MAJORA AND MINORA. SEEN FROM BEFORE AND BELOW.

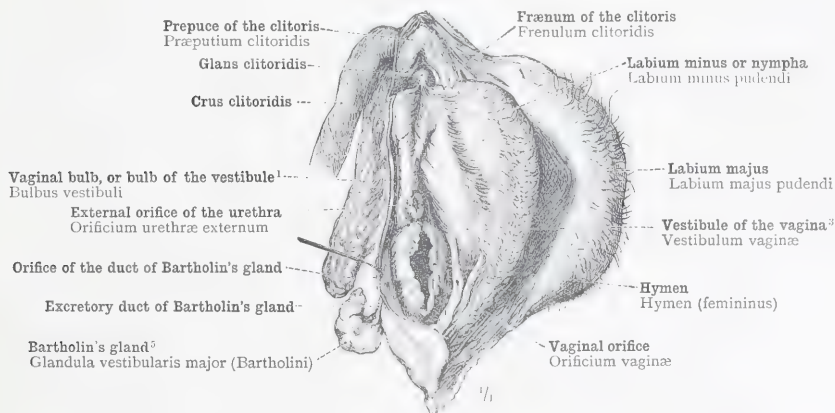


FIG. 885.—FEMALE EXTERNAL GENITAL ORGANS.

The mucous membrane has been removed from the right side of the vestibule³ and from the vulval area on the right side of the vaginal orifice, and the right labium majus and labium minus have been cut away, to show the relative positions of the crus clitoridis, the vaginal bulb¹ and Bartholin's gland.⁵ On the left side the labium majus and labium minus have been drawn outwards.

¹ See Appendix, note 91.

² Known also as *Ducruey's gland* or the *subclitoral gland*. (See Appendix, note 91.)

See Appendix, note 91.

See Appendix, note 91.

⁴ See Appendix, note 91.

Partes genitales externæ—The female external genital organs.

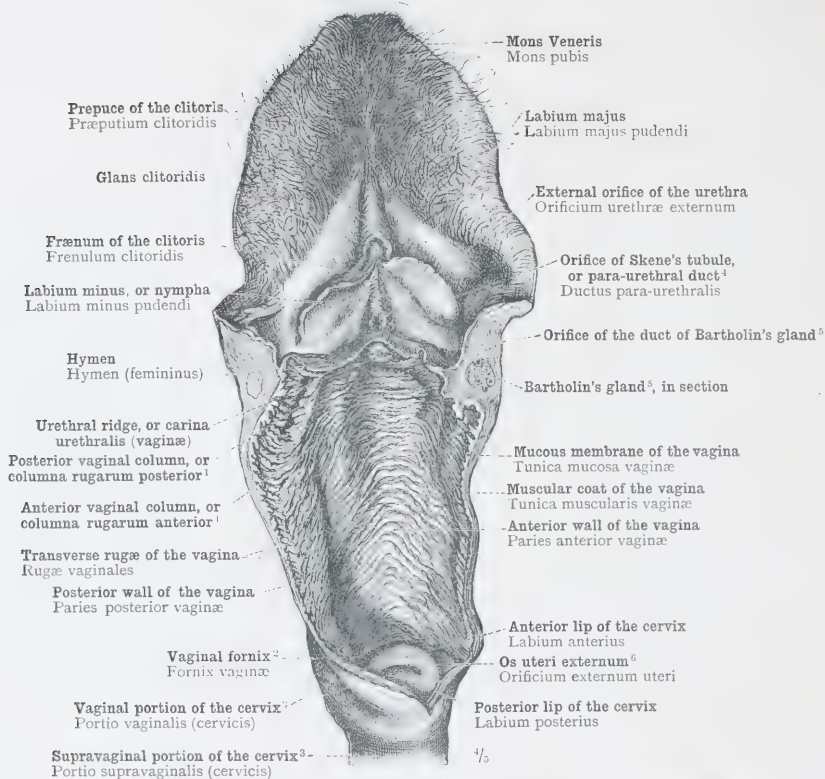
¹ See Appendix, 514.² See Appendix, note 7.³ See Appendix, note 75.⁴ See Appendix, note 5.⁵ *Glandula vestibularis major*, known also as *Skene's gland* and the *suburethral gland*. (See Appendix, note 5.)⁶ See Appendix, note 7.

FIG. 886.—FEMALE EXTERNAL GENITAL ORGANS OF A VIRGIN, ATTACHED TO THE VAGINA, WHICH HAS BEEN ISOLATED AND OPENED, AND A PORTION OF THE CERVIX UTERI. HYMEN (FEMININUS). THE VAGINAL FORNIX (see Appendix, note 78), WITH THE ANTERIOR AND POSTERIOR LIPS OF THE CERVIX, AND THE OS UTERI EXTERNUM (see Appendix, note 67). THE VAGINAL COLUMNS, COLUMNÆ RUGARUM, AND THE TRANSVERSE RUGÆ OF THE VAGINA, RUGÆ VAGINALES.

The posterior wall of the vagina has been divided longitudinally throughout to the left of the median line, and has been turned to the right. Near the vestibule (see Appendix, note 80) the section passes through the left Bartholin's gland (see note 5 above).

The Vagina.

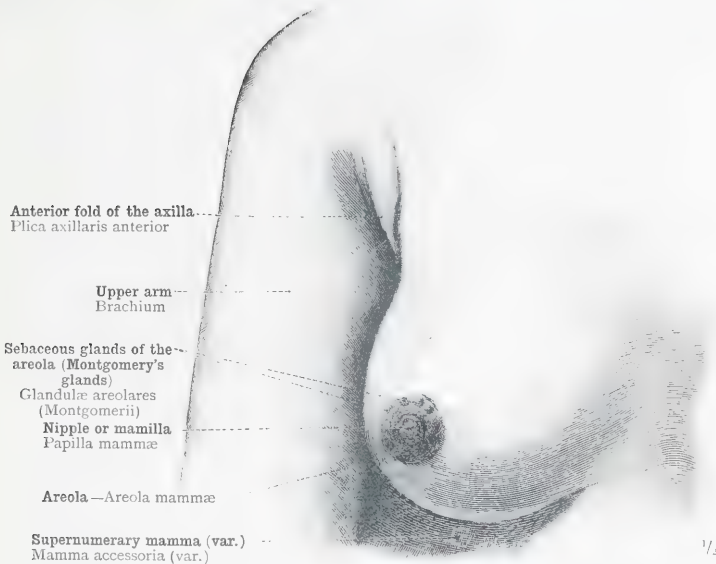


FIG. 887.—MAMMA, THE BREAST, OF A VIRGIN AGED EIGHTEEN YEARS.

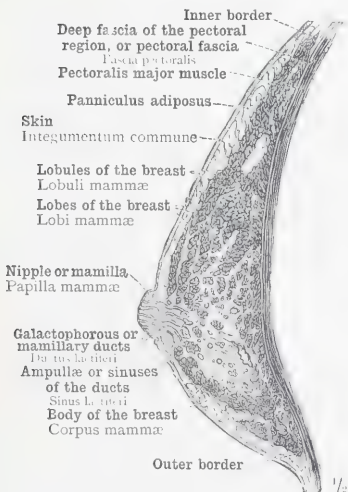


FIG. 888.—HORIZONTAL SECTION THROUGH THE FEMALE BREAST.

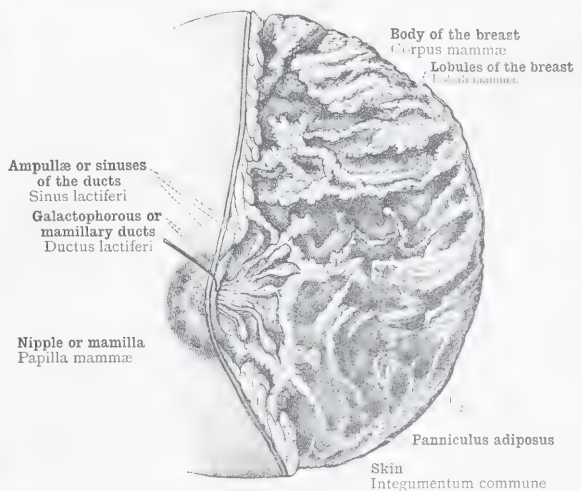


FIG. 889.—BREAST OF A NURSING MOTHER, HARDENED IN STRONG ALCOHOL; FROM ONE HALF OF THE ORGAN THE SKIN AND SUBCUTANEOUS FATTY TISSUE HAVE BEEN REMOVED, AND THE GALACTOPHOUS OR MAMILLARY DUCTS WITH THEIR SINUSES HAVE BEEN LAID BARE.

Mamma—The breast.

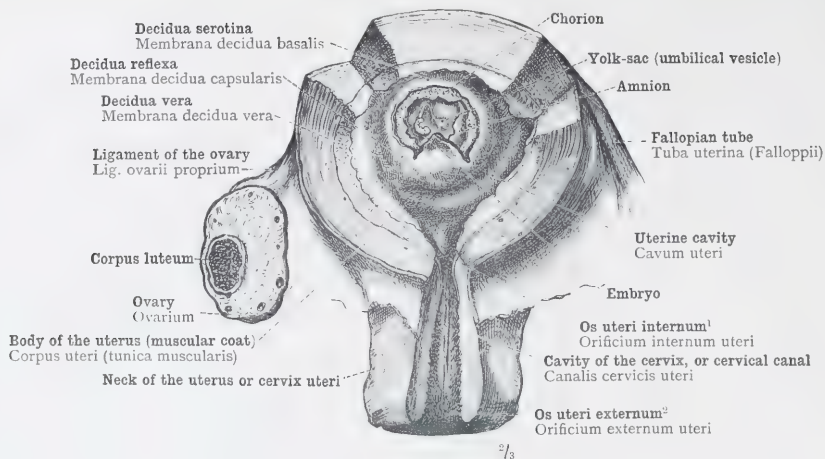


FIG. 890.—UTERUS IN THE FIFTH WEEK OF PREGNANCY, OPENED FROM BEHIND.

By the removal of parts of the membranes the cavity of the amnion has been opened.

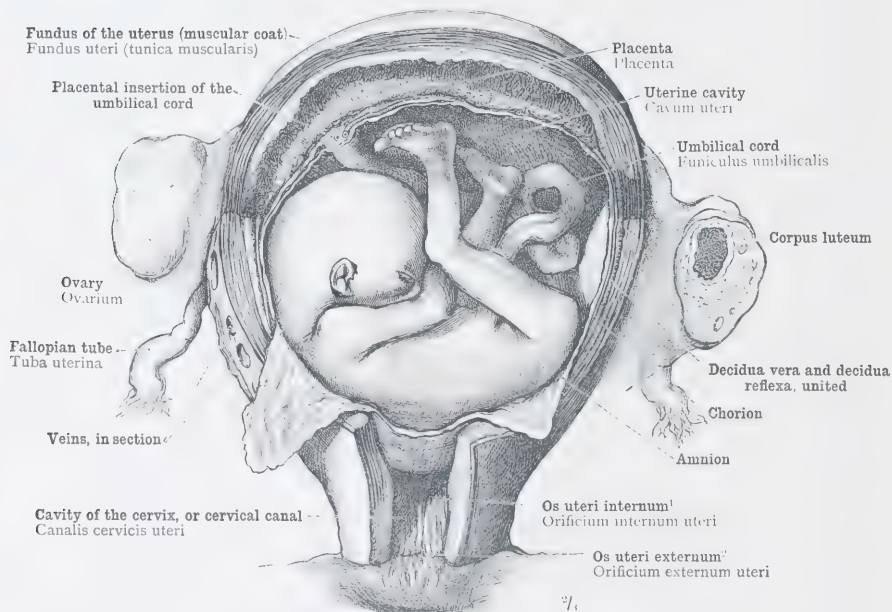


FIG. 891.—UTERUS IN THE SIXTH MONTH OF PREGNANCY (MONTHS OF FOUR WEEKS EACH), OPENED BY THE REMOVAL OF THE POSTERIOR WALL. THE FETUS, WITH ITS MEMBRANES, AND THE PLACENTA, IN TRANSVERSE SECTION.

¹ See note ¶ to p. 511.

² See Appendix, note C.

Uterus gravidus—The gravid uterus.

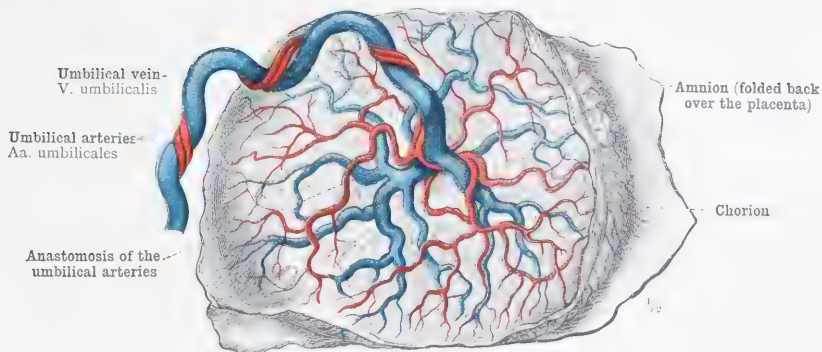


FIG. 892.—INTERNAL OR FETAL SURFACE OF THE PLACENTA AT FULL TERM.
The umbilical vessels have been injected.

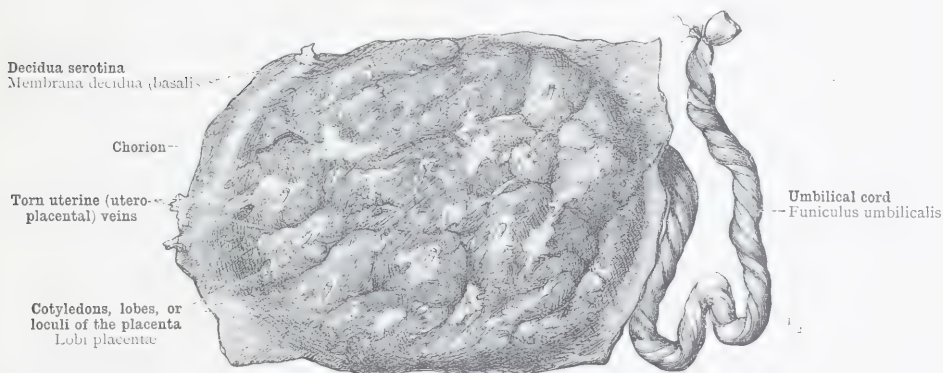


FIG. 893.—EXTERNAL, MATERNAL, OR UTERINE SURFACE OF THE PLACENTA AT FULL TERM, WITH THE UMBILICAL CORD (FUNICULUS UMBILICALIS).

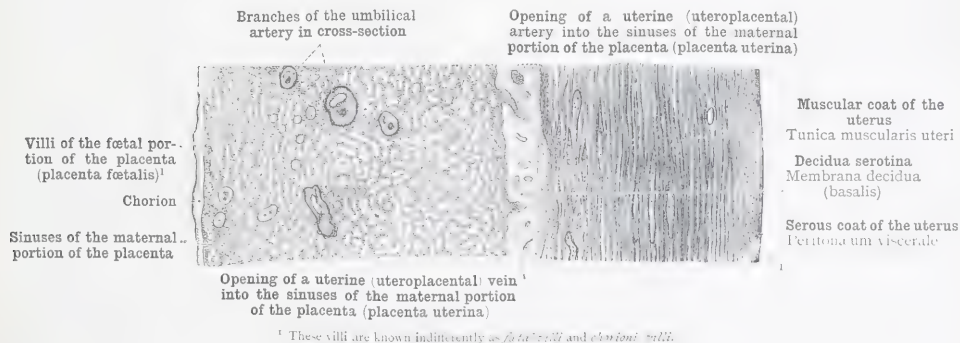


FIG. 894.—UTERUS AND PLACENTA IN TRANSVERSE SECTION. SIXTH MONTH OF PREGNANCY (MONTHS OF FOUR WEEKS EACH).

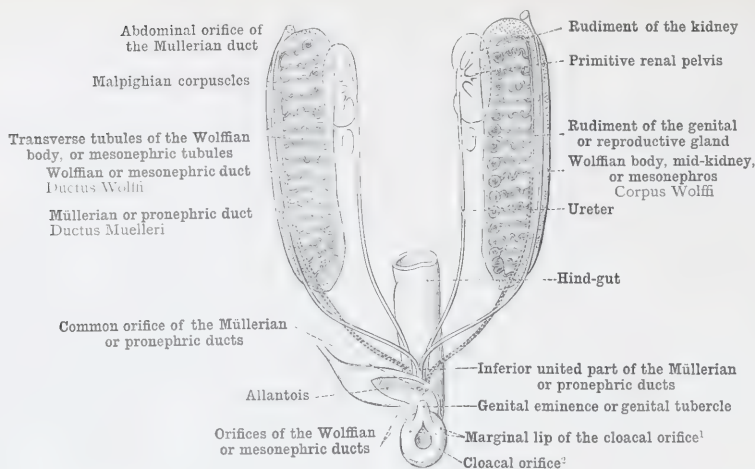


FIG. 895.—DIAGRAMMATIC REPRESENTATION OF THE PRIMITIVE UROGENITAL ORGANS OF THE EMBRYO PRIOR TO SEXUAL DIFFERENTIATION. THE WOLFFIAN BODY (MID-KIDNEY OR MESONEPHROS) WITH THE WOLFFIAN (MESONEPHRIC) AND MÜLLERIAN (PRONEPHRIC) DUCTS.

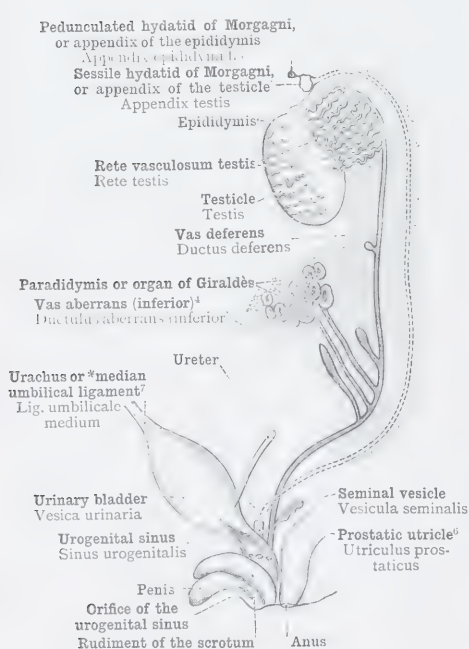


FIG. 896.—DEVELOPMENT OF THE MALE GENITO-URINARY APPARATUS.

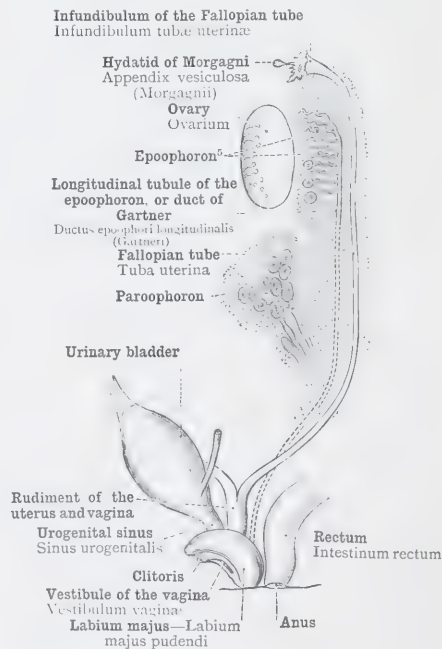


FIG. 897.—DEVELOPMENT OF THE FEMALE GENITO-URINARY APPARATUS.

¹ See Appendix, note 1.

² See Appendix, note 2.

³ Known also as the *prostatic vesicle*, *prostatic sinus*, *sinus prostaticus*, and *uterus masculinus*.

⁴ See Appendix, note 3.

⁵ See Appendix, note 4.

⁶ See note 1 to p. 387, Part III.

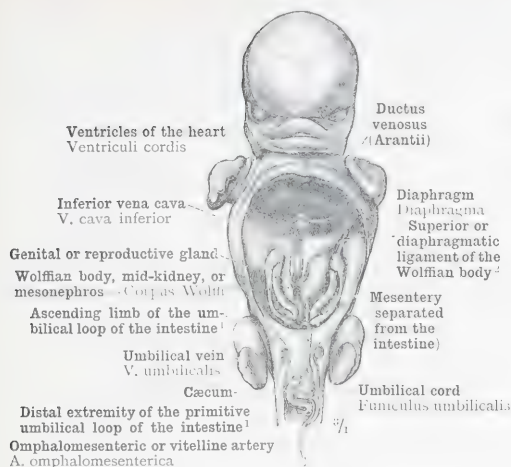


FIG. 898.—HUMAN FÆTUS AT THE END OF THE SIXTH WEEK. THE GENITAL OR REPRODUCTIVE GLANDS AND THE WOLFFIAN BODIES ARE Laid FREE BY THE REMOVAL OF THE LIVER, THE STOMACH, AND THE DESCENDING LIMB OF THE UMBILICAL LOOP OF THE INTESTINE.¹

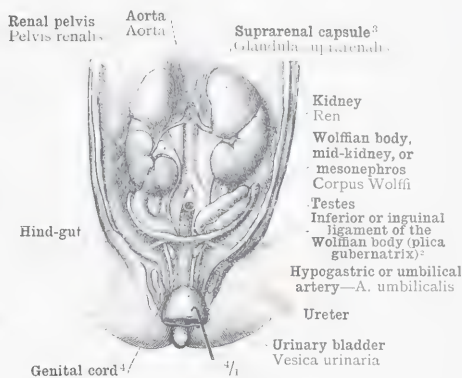


FIG. 899.—GENITO-URINARY ORGANS OF A MALE FÆTUS AT THE END OF THE TENTH WEEK.

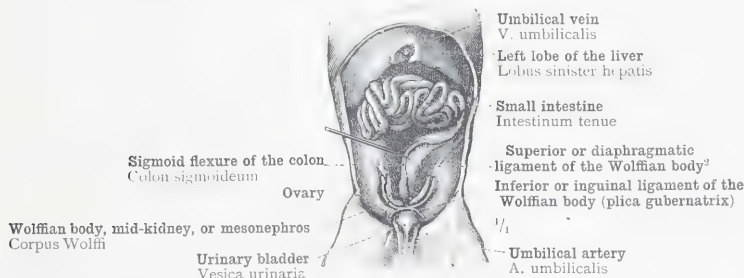


FIG. 900.—ABDOMINAL ORGANS OF A FEMALE FÆTUS IN THE MIDDLE OF THE FOURTH MONTH (MONTHS OF FOUR WEEKS EACH).

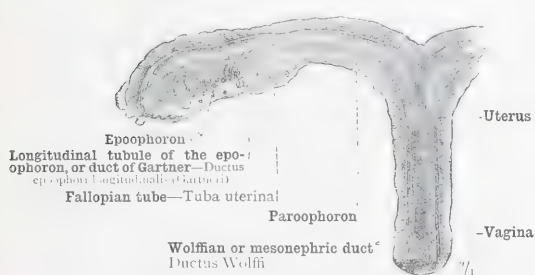


FIG. 901.—UTERUS AND FALLOPIAN TUBE OF A THREE AND A HALF MONTHS FÆTUS (MONTHS OF FOUR WEEKS EACH), WITH THE WOLFFIAN DUCT.

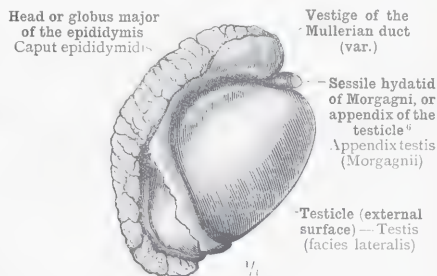


FIG. 902.—TESTICLE OF AN ADULT EXHIBITING A VESTIGE OF THE MÜLLERIAN DUCT.

¹ See note 1, p. 131.

² See Appendix, note 2.

Known also as the *proepididymis* or organ of Rosenmüller.

³ Called also *epididymal body*, *epididymal gland*.

See Appendix, note 2.

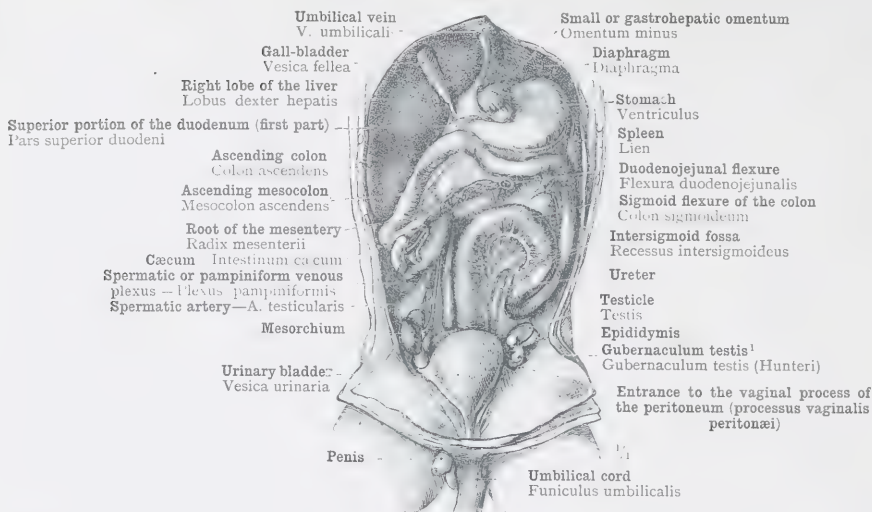


FIG. 903.—ABDOMINAL VISCERA OF A FŒTUS AT THE END OF THE SIXTH MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 28 CENTIMETRES (11 INCHES).

The small intestine has been cut away, and the liver drawn upwards as far as possible. The testicle and the epididymis are in the inguinal region.

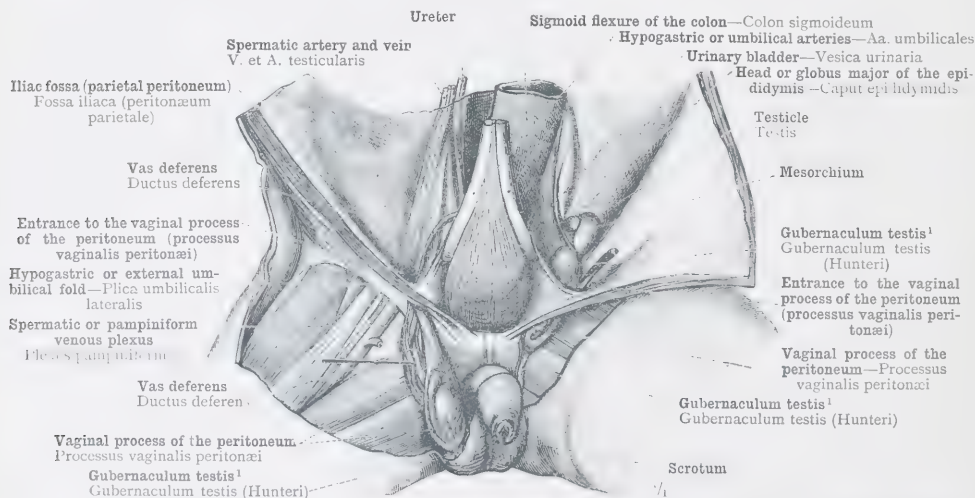


FIG. 904.—PELVIC REGION OF A FŒTUS IN THE MIDDLE OF THE NINTH MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 42 CENTIMETRES (16½ INCHES).

The anterior abdominal wall has been opened. The right testicle has already descended into the scrotum, whilst the left is still above the entrance to the inguinal canal. On the right side the spermatic or pampiniform venous plexus, which lies behind the vaginal process of the peritoneum, has been separated from this latter and drawn outwards.

(See Appendix, p. 525.)

Descensus testis—Descent of the testicles.

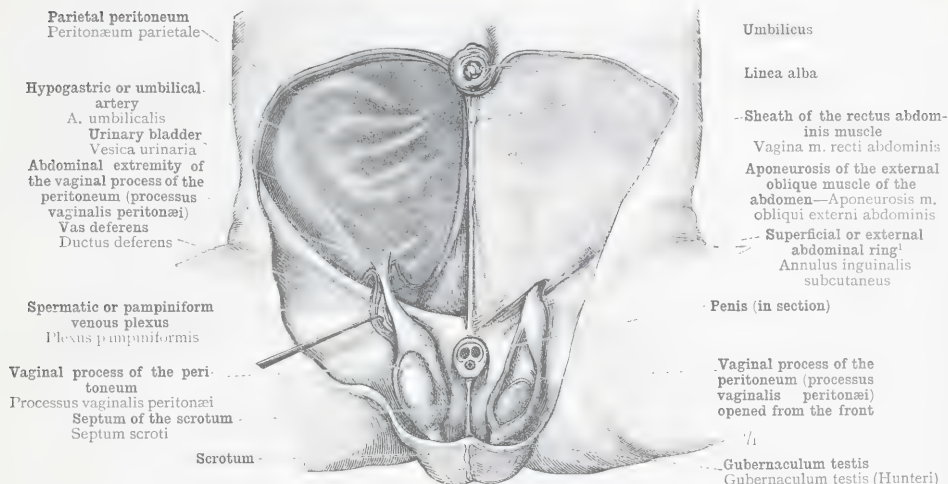


FIG. 905.—ABDOMINAL AND PELVIC REGIONS OF A FETUS IN THE MIDDLE OF THE TENTH MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 47 CENTIMETRES (18½ INCHES).

Both testicles are in the scrotum; the vaginal process of the peritoneum, processus vaginalis peritonæi, still communicates freely with the abdominal cavity. On the right side of the body, all the layers of the abdominal wall except the parietal peritoneum have been removed; on the left side of the body, the sheath of the rectus abdominis muscle and the aponeurosis of the external oblique muscle of the abdomen with the superficial or external abdominal ring (external inguinal aperture) are displayed. The left vaginal process of the peritoneum has been opened by an incision through its anterior wall.

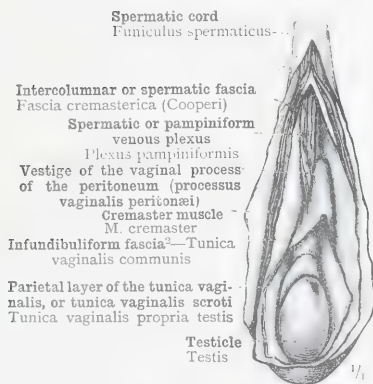


FIG. 906.—THE SPERMATIC CORD OF A BOY AGED TWO MONTHS.

The coverings of the cord and the testicle have been divided to expose these structures. A serous pouch, the vestige of the vaginal process of the peritoneum (processus vaginalis peritonæi), runs up along the cord for more than half an inch.

¹ Or external inguinal aperture.

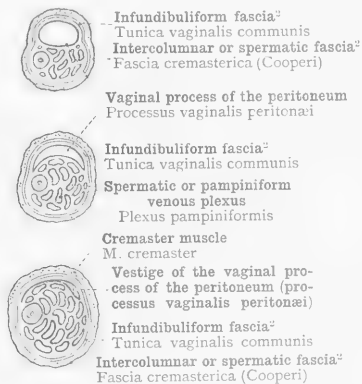


FIG. 907.—DIAGRAMMATIC SECTIONS OF THE SPERMATIC CORD SHOWING THE CLOSURE OF THE VAGINAL PROCESS OF THE PERITONEUM (PROCESSUS VAGINALIS PERITONÆI).

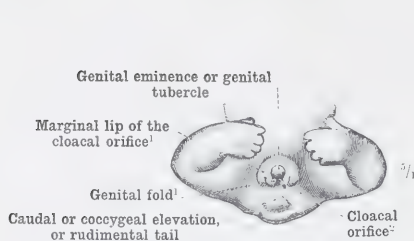


FIG. 908.—EXTERNAL GENITAL ORGANS OF A FŒTUS IN THE SEVENTH WEEK.

The urinary and genital canals unite distally with the alimentary canal to form a common cavity, the cloaca,² by which they communicate with the exterior.

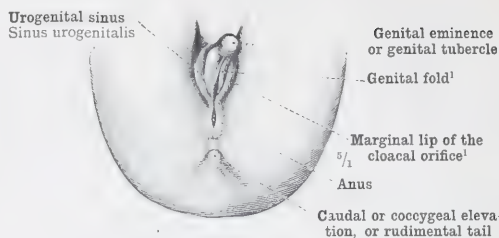


FIG. 909.—EXTERNAL GENITAL ORGANS OF A HUMAN FŒTUS IN THE BEGINNING OF THE THIRD MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 4.5 CENTIMETRES (1.75 INCHES).

The division of the cloaca into a dorsal or anal and a ventral or urogenital part (urogenital sinus) has begun.

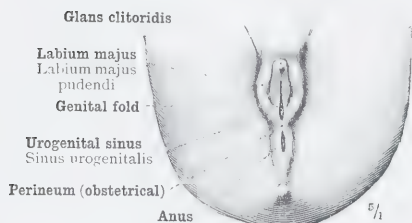


FIG. 910.—EXTERNAL GENITAL ORGANS OF A FEMALE FŒTUS IN THE MIDDLE OF THE THIRD MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 5.6 CENTIMETRES (2.2 INCHES).

The separation of the anus from the urogenital sinus is completed.

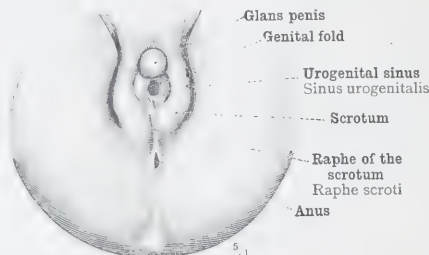


FIG. 911.—EXTERNAL GENITAL ORGANS OF A MALE FŒTUS IN THE BEGINNING OF THE FOURTH MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 8.1 CENTIMETRES (3.2 INCHES). UNION OF THE GENITAL FOLDS TO FORM THE URETHRA.¹

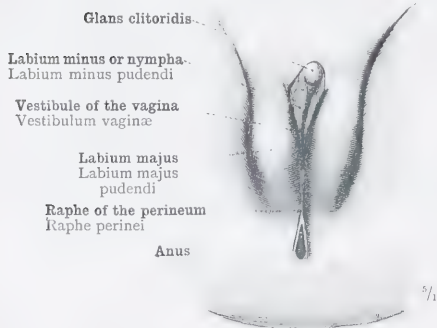


FIG. 912.—EXTERNAL GENITAL ORGANS OF A FEMALE FŒTUS AT THE END OF THE FIFTH MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 11.5 CENTIMETRES (4.5 INCHES).

See Appendix, note 3.

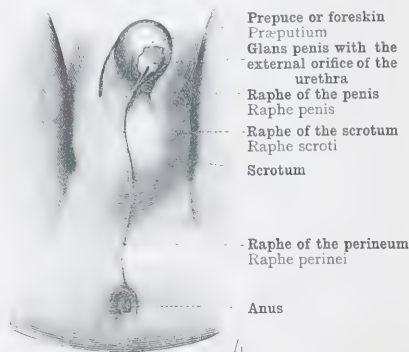


FIG. 913.—EXTERNAL GENITAL ORGANS OF A MALE FŒTUS AT THE END OF THE FIFTH MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 12 CENTIMETRES (4.7 INCHES).

See Appendix, note 3.

The Development of the External Genital Organs.

THE MUSCLES OF THE PERINEUM
AND
THE TOPOGRAPHICAL ANATOMY OF THE
PELVIC VISCERA

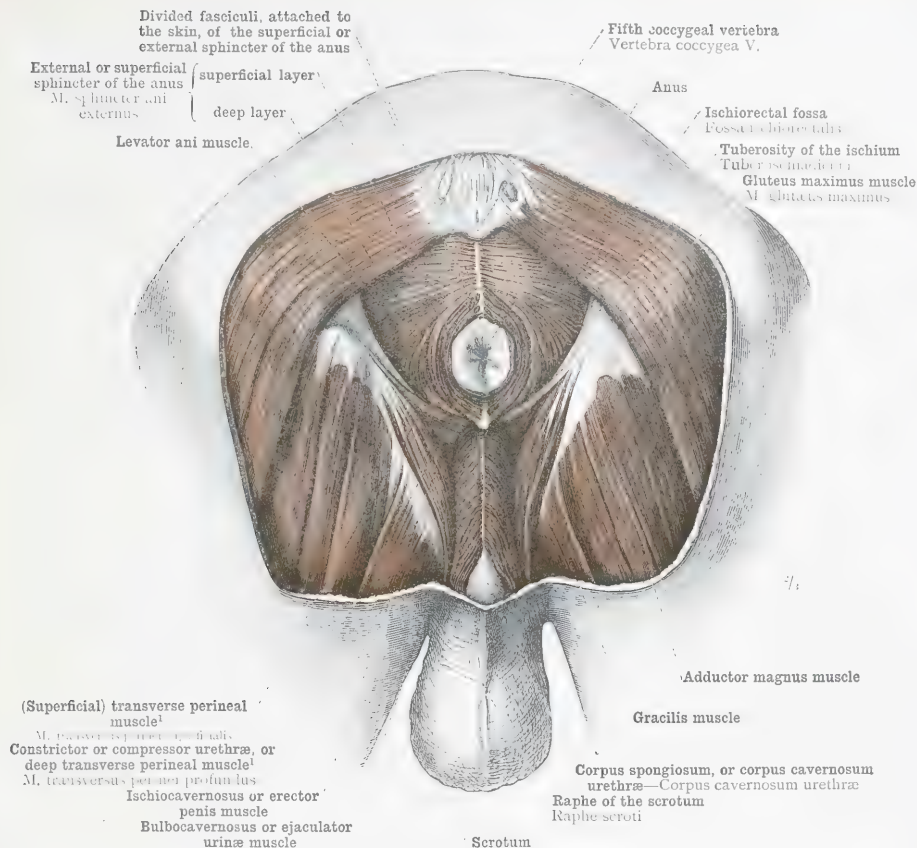


FIG. 915.—THE MUSCLES OF THE PERINEAL REGION OF THE MALE SEEN FROM BELOW AND BEHIND: LEVATOR ANI MUSCLE; MUSCULUS SPHINCTER ANI EXTERNUS, THE EXTERNAL OR SUPERFICIAL SPHINCTER OF THE ANUS; BULBOCAVERNOSUS OR EJACULATOR URINÆ MUSCLE; ISCHIOCAVERNOSUS OR ERECTOR PENIS MUSCLE; MUSCULUS TRANSVERSUS PERINEI SUPERFICIALIS, THE (SUPERFICIAL) TRANSVERSE PERINEAL MUSCLE;¹ MUSCULUS TRANSVERSUS PERINEI PROFUNDUS, THE CONSTRICTOR OR COMPRESSOR URETHRÆ, OR DEEP TRANSVERSE PERINEAL MUSCLE.¹ THE ADJOINING PORTIONS OF THE GLUTEUS MAXIMUS, ADDUCTOR MAGNUS, AND GRACILIS MUSCLES.

Behind the anus, certain fasciuli of the superficial or external sphincter of the anus, attached to the skin and the anococcygeal ligament², have been divided in removing the skin and the ligament; in front of the anus, the fasciuli of the sphincter attached to the integument close to the median line have been left intact with the part of the superficial fascia in which they are inserted (the *central point of the perineum* of English anatomists).

¹ There is some confusion in the names of the muscles of the perineum in English and in the *transversus perinei superficialis* and *transversus perinei profundus* muscles. The latter muscle is commonly spoken of as the *transversus perinei* muscle without a qualification; whilst the former muscle is sometimes spoken of as the *transversus perinei* muscle. The latter muscle is occasionally distinguished as the *transversus perinei profundus*.

² The *anococcygeal ligament* is the ligament which is attached to the coccyx and the ischium. It is sometimes called the *ligament of the coccyx* or the *ligament of the coccyx and ischium*. It is sometimes called the *ligament of the coccyx and ischium*.

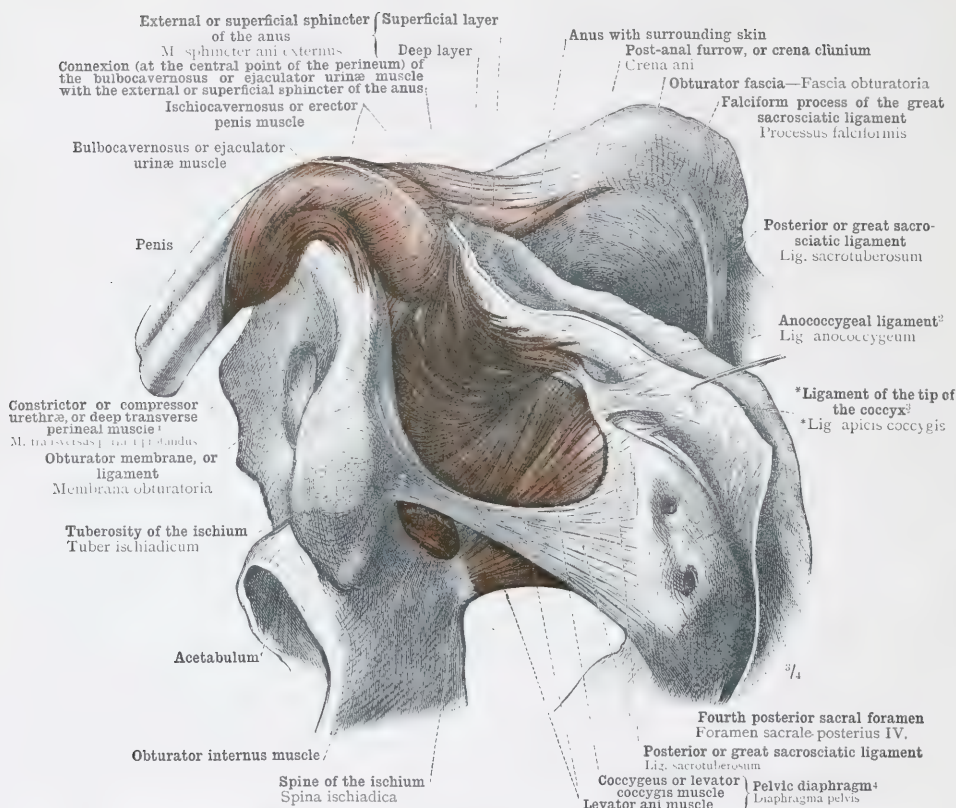
¹ See note 1 to p. 527.² *Ligamentum Apicis Coccygis*.—"From the tip of the coccyx," writes Quain ("Anatomy," 10th ed., vol. ii., part ii., p. 178), "a fibrous band passes to the rectum, which is often, especially in the infant, marked by a depression (*foveola coccygea*) at this spot. This is the ligament shown in the accompanying figure, and called by Toldt the 'ligament of the tip of the coccyx'—Tr.
³ See Appendix, note 57.⁴ See note 1 to p. 527.

FIG. 916.—THE MUSCLES OF THE PERINEAL REGION OF THE MALE SEEN FROM THE LEFT SIDE. LEVATOR ANI, AND COCCYGEUS OR LEVATOR COCCYGIS MUSCLES, FORMING THE PELVIC DIAPHRAGM.

The skin surrounding the anus, and covering the coccyx and the lower part of the sacrum, has been drawn away from the tissues beneath, in order to display the radiation to the skin of fasciculi of the external or superficial sphincter of the anus (*musculus sphincter ani externus*). A portion of the posterior or great sacrosciatic ligament has been removed, in order to display somewhat more fully the inferior surface of the coccygeus or levator coccygis muscle.

Musculi perinei—Muscles of the perineum.

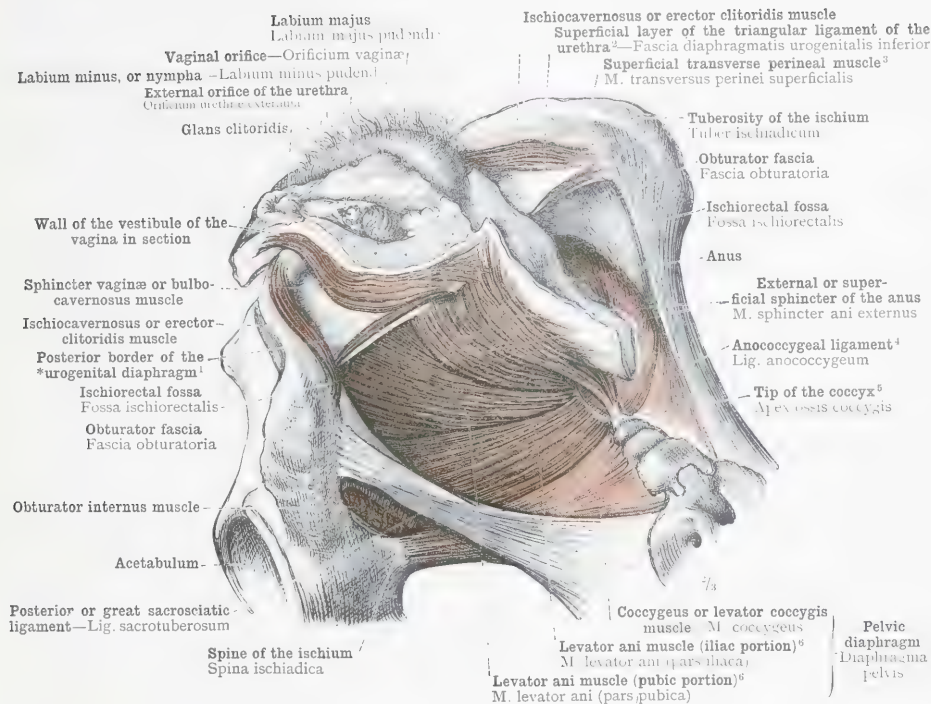


FIG. 917.—THE MUSCLES OF THE PERINEAL REGION OF THE FEMALE SEEN FROM THE LEFT SIDE. OF THE EXTERNAL GENITAL ORGANS, THE LABIUM MAJUS AND THE LABIUM MINUS OR NYMPHA HAVE BEEN REMOVED ON THE LEFT SIDE. LEVATOR ANI AND COCCYGEUS OR LEVATOR COCCYGIS MUSCLES, FORMING THE PELVIC DIAPHRAGM.

¹ That is, the removed posterior borders of the superficial and deep layers of the triangular ligament of the urethra (see Appendix, note 3). The.

² Known also as the *anterior* or *inferior* layer of the triangular ligament (see Appendix, note 3).

³ See note 1 to p. 527.

⁴ See note 2 to p. 527.

⁵ *Tip of the coccyx*.—In the first part of this work, p. 59, I gave *tip of the coccyx* as the English equivalent of this Latin term. The coccyx, however, has two extremities, and for this reason the expression *tip of the coccyx*, which, though somewhat colloquial, is employed by most anatomists to designate the inferior extremity of the coccyx, is to be preferred. Macalister, like Toldt, speaks of the *apex of the coccyx*, a term that would be more suitable if the coccyx were more distinctly triangular in form.—The.

⁶ *Part of the Levator Ani Muscle*.—The levator ani muscle is divided into two parts by a cleft beginning just below the obturator canal. The anterior portion only is directly connected with the rectum; it springs from the pubis and adjoining part of the fascial origin (i.e., the *transversus abdominis*) (see Appendix, note 1); it is called by Toldt the *iliac portion of the levator ani muscle*, by Henle the *ischio coccygeus*, and by Savage the *pubococcygeus muscle*. The posterior portion arises from the *white line of the pelvic fascia* behind the obturator canal and from the spine of the ischium; it is called by Toldt the *iliac portion of the levator ani muscle*, by Henle the *ischio coccygeus muscle*, and by Savage the *obturato coccygeus muscle*.—The.

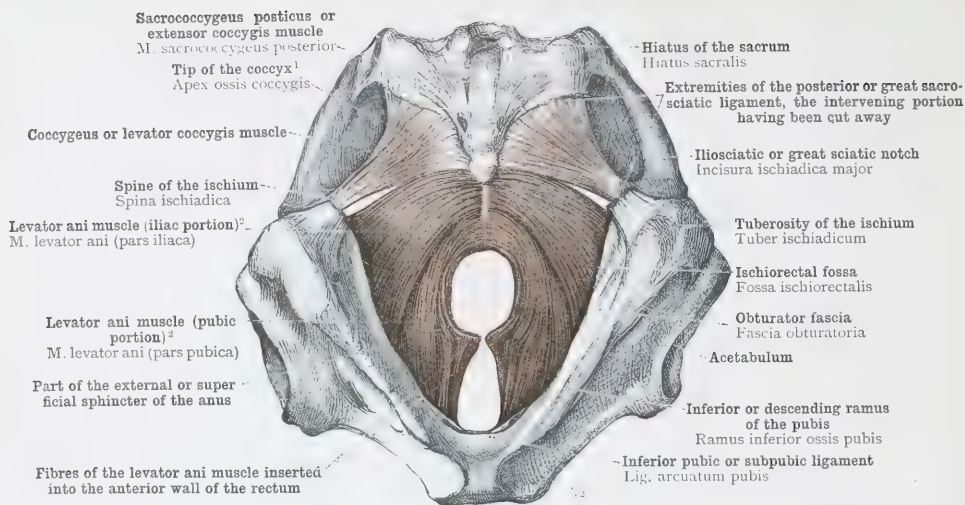


FIG. 918.—LEVATOR ANI AND COCCYGEUS OR LEVATOR COCCYGIS MUSCLES, SEEN FROM BELOW.

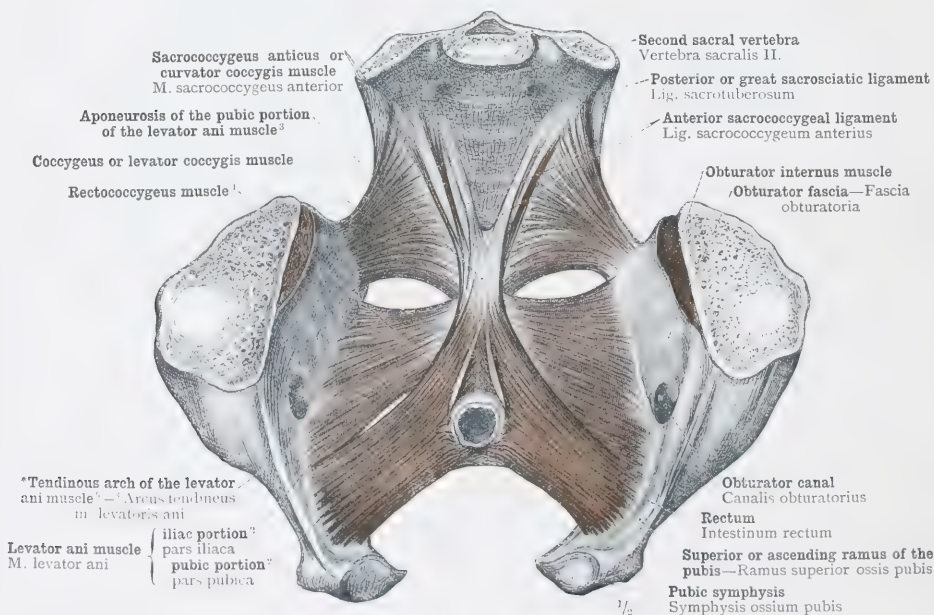


FIG. 919.—LEVATOR ANI AND COCCYGEUS OR LEVATOR COCCYGIS MUSCLES, SEEN FROM ABOVE.

After division of the pubic symphysis, the innominate bones have been drawn apart.

¹ See note 5 to p. 529.

² See note 7 to p. 529.
³ See Appendix, note 7.

⁴ Or *aponeurosis of the pubococcygeus muscle*. See note 6 to p. 529.
⁵ See Appendix, note 7.

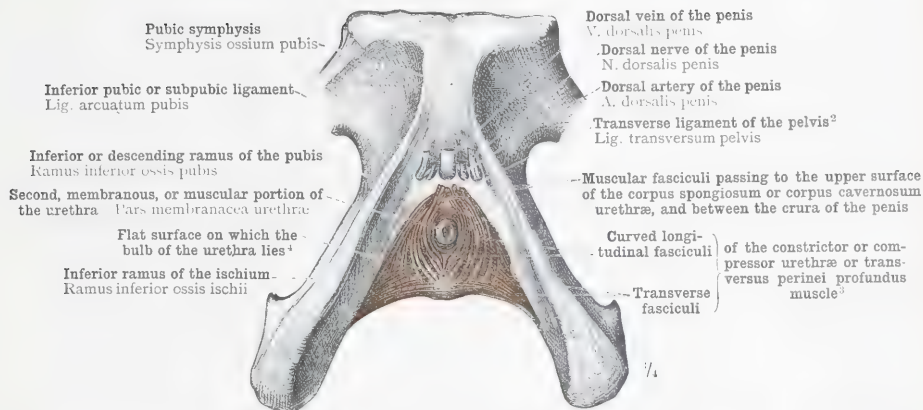


FIG. 920.—CONSTRUCTOR OR COMPRESSOR URETHRÆ OR TRANSVERSUS PERINEI PROFUNDUS MUSCLE³ OF THE MALE, FORMING THE MUSCULAR PART OF THE *UROGENITAL DIAPHRAGM.¹ SEEN FROM BEFORE AND BELOW.

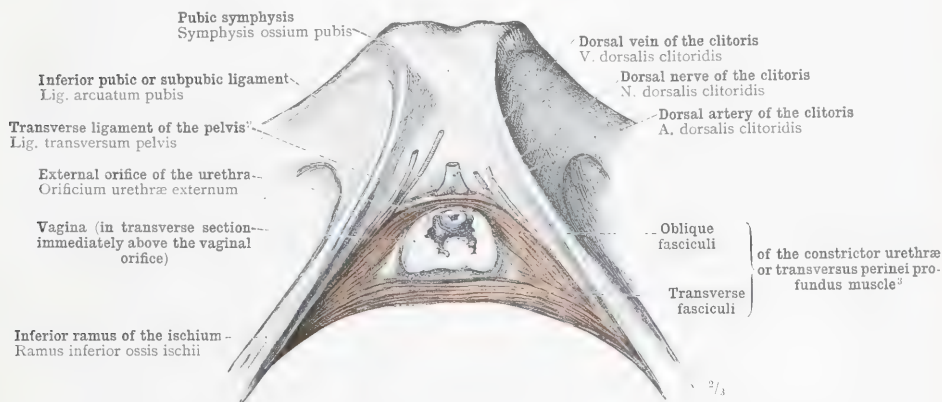


FIG. 921.—CONSTRUCTOR URETHRÆ OR TRANSVERSUS PERINEI PROFUNDUS MUSCLE³ OF THE FEMALE, FORMING THE MUSCULAR PART OF THE *UROGENITAL DIAPHRAGM.¹ SEEN FROM BEFORE AND BELOW.

¹ See Appendix, note ⁹⁹.

² See Appendix, note ¹⁰⁰.

³ See Appendix, note ¹⁰¹.

⁴ The superficial layer of the triangular ligament, of course, intervening.—Tr.

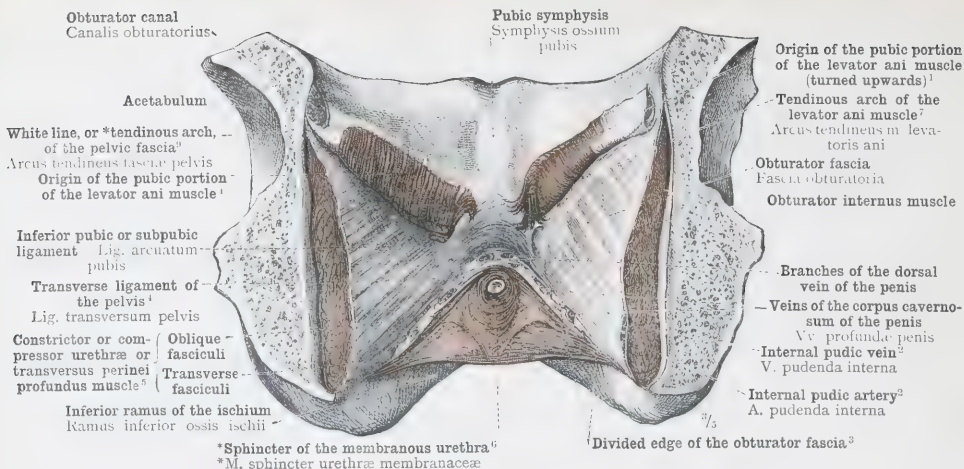


FIG. 922.—CONSTRUCTOR OR COMPRESSOR URETHRÆ OR TRANSVERSUS PERINEI PROFUNDUS MUSCLE⁵ OF THE MALE, FORMING THE MUSCULAR PART OF THE *UROGENITAL DIAPHRAGM.⁸ SEEN FROM BEHIND AND ABOVE. ORIGIN OF THE PUBIC PORTION OF THE LEVATOR ANI MUSCLE.¹

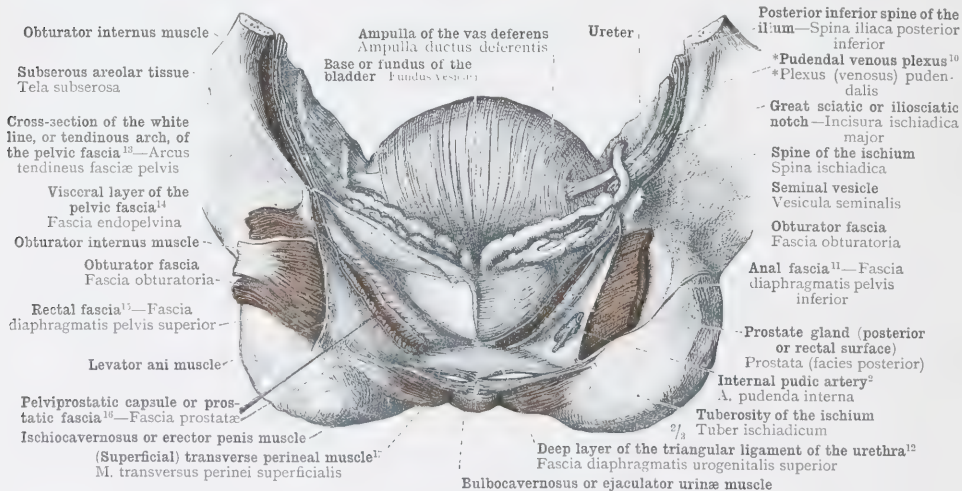


FIG. 923.—THE POSITION OF THE SEMINAL VESICLE AND OF THE AMPULLA OF THE VAS DEFERENS IN RELATION TO THE BASE OR FUNDUS OF THE BLADDER AND TO THE PROSTATE GLAND. FASCIE OF THE PELVIC OUTLET. SEEN FROM BEHIND.

The levator ani has been divided coronally. The pelviprostatic capsule or prostatic fascia¹⁶ has on the right side been completely removed; on the left side, its upper part, extending over the seminal vesicle, has been detached from that organ, and turned backwards.

¹ See note 1 to p. 529.

² See Appendix, note 99.

³ See Appendix, note 99.

⁴ See Appendix, note 99.

⁵ See Appendix, note 99.

⁶ See Appendix, note 99.

⁷ See Appendix, note 99.

⁸ See Appendix, note 99.

⁹ See Appendix, note 99.

¹⁰ See Appendix, note 99.

¹¹ See Appendix, note 99.

¹² See Appendix, note 99.

¹³ See Appendix, note 99.

¹⁴ See Appendix, note 99.

¹⁵ See Appendix, note 99.

¹⁶ See Appendix, note 99.

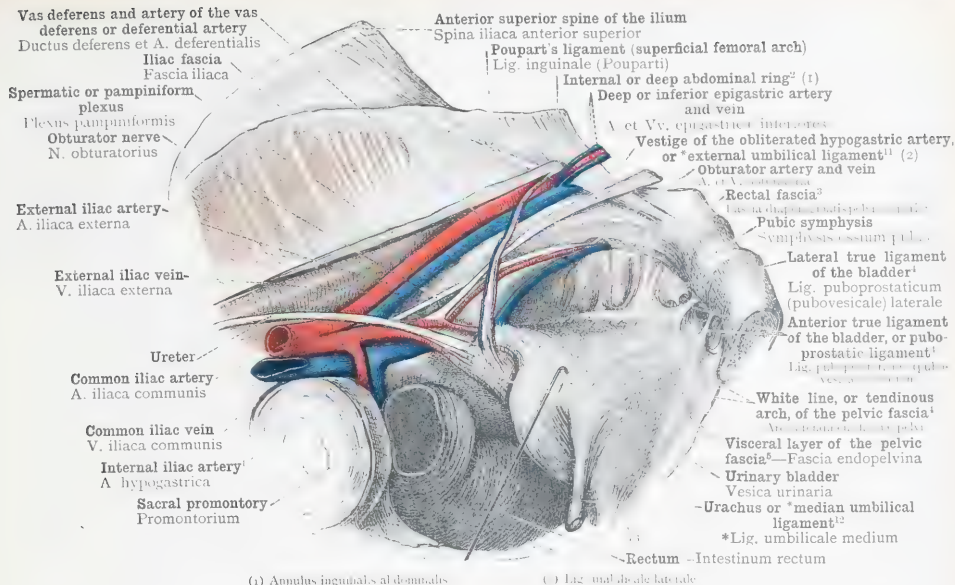


FIG. 924.—FASCIA ENDOPELVINA, THE VISCERAL LAYER OF THE PELVIC FASCIA (see Appendix, note 100), WITH THE ARCUS TENDINEUS FASCIAE PELVIS, THE WHITE LINE OR TENDINOUS ARCH OF THE PELVIC FASCIA (see Appendix, note 69). THE POSITION OF THE VESSELS AND NERVES AT THE UPPER PART OF THE LATERAL WALL OF THE PELVIS. SEEN OBliquely FROM ABOVE AND WITHIN.

The urinary bladder has been drawn away from the wall of the pelvis as far as possible in a backward and downward direction.

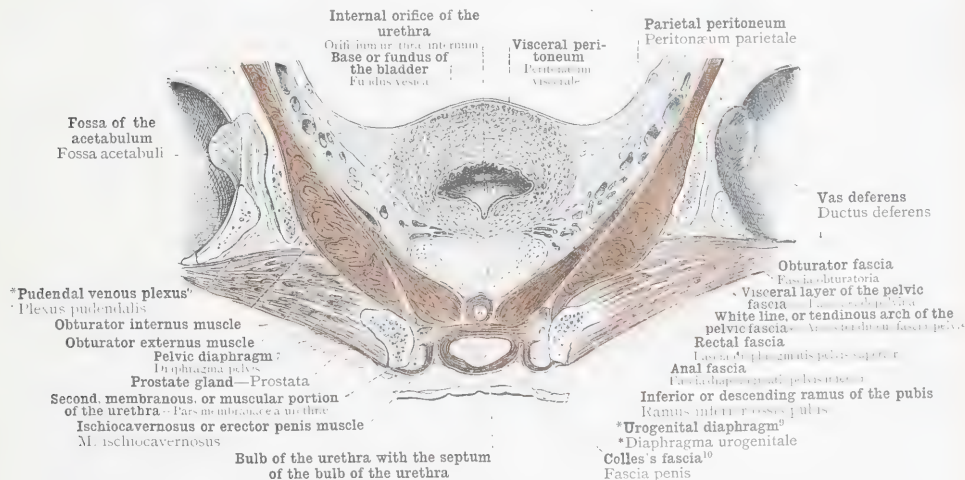


FIG. 925.—CORONAL SECTION THROUGH THE MALE PELVIS IN THE PLANE OF THE INTERNAL ORIFICE OF THE URETHRA. FASCIA ENDOPELVINA, THE VISCERAL LAYER OF THE PELVIC FASCIA (see Appendix, note 100); FASCIA DIAPHRAGMATIS PELVIS SUPERIOR, THE RECTAL FASCIA (see Appendix, notes 86, 87, 100); AND THE UPPER PART OF THE OBTURATOR FASCIA—AS CONSTITUENT PARTS OF THE PELVIC FASCIA. SEEN FROM BEFORE.

The urinary bladder is in a state of almost complete contraction.

¹ See Appendix, note 107.

² Called also the *internal inguinal aperture*.

³ See Appendix, note 39.

⁴ See Appendix, note 85, 87.

⁵ See Appendix, note 87.

⁶ See note 4 to p. 387 in Part III.

⁷ See Appendix, note 100.

⁸ See Appendix, note 105.

⁹ See Appendix, note 97.

¹⁰ See note 3 to p. 387 in Part III.

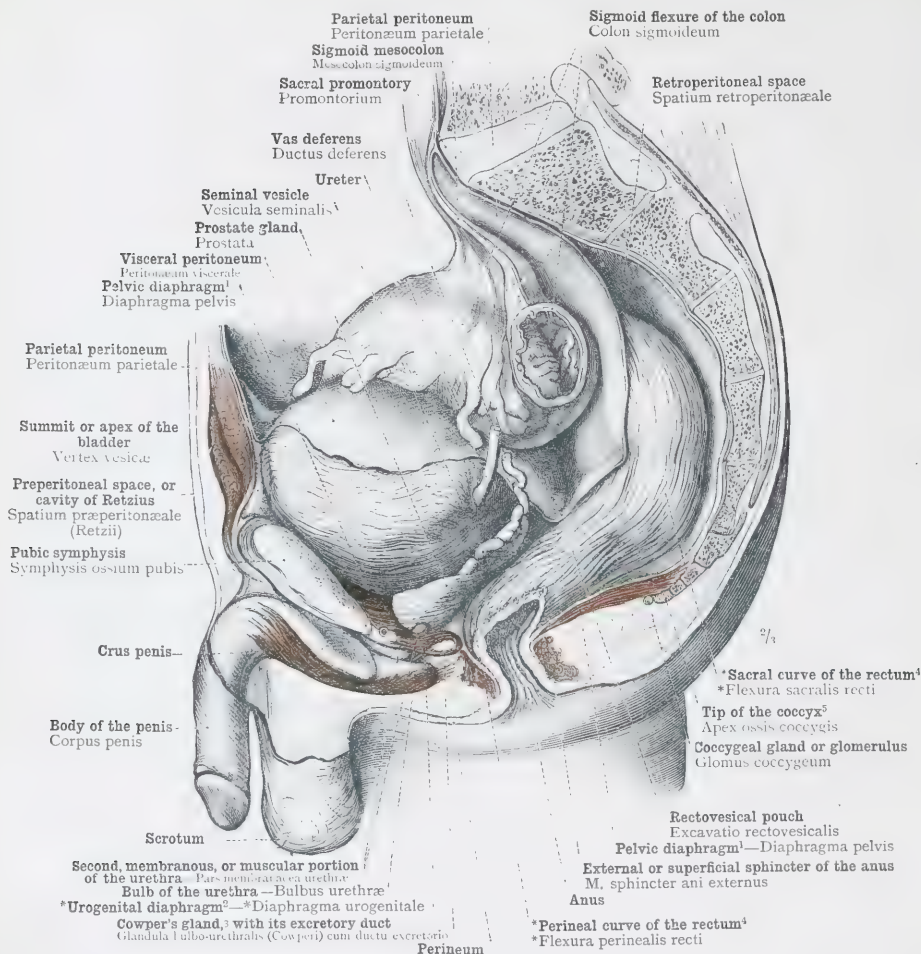


FIG. 926.—POSITION OF THE PELVIC VISCERA IN THE MALE AND THEIR RELATIONS TO THE MUSCLES OF THE PELVIC OUTLET (OR PERINEAL MUSCLES), SHOWN IN THE RIGHT HALF OF THE PELVIS, SEEN FROM THE LEFT SIDE.

The urinary bladder is fully distended, the rectum nearly empty.

¹ See Appendix, note 1.

² See Appendix, note 2.

³ Known also as the *subventralis* gland.

⁴ *Curvatura of the Rectum*.—"The rectum follows the posterior wall of the pelvis, in a curve, the concavity of which is directed forward, as far as the tip of the coccyx, and thence, still continuing the same curve, runs forwards along the upper surface of the posterior part of the pelvic diaphragm; then, bending downwards and a little backwards at an angle slightly more than a right angle, it terminates at the diaphragm in a median perpendicular transverse plane from the anal canal. In this course the rectum describes two curves: a larger, with the concavity directed forwards, *flexura sacralis*, and a smaller, with the concavity directed backwards, *flexura perinealis* (Von Langen and Jodlitz's *Anatomie*, ed. 2d., pp. 191, 192). In choosing English equivalents for these terms (which are not to be found in the works of Quain and Macalister), I have preferred to speak of the *sacral* and *perineal* curves of the rectum, for the reason that the former, at any rate, is not prolonged and too open a bend to be appropriately termed a flexure.—T.L.

See note to p. 533.

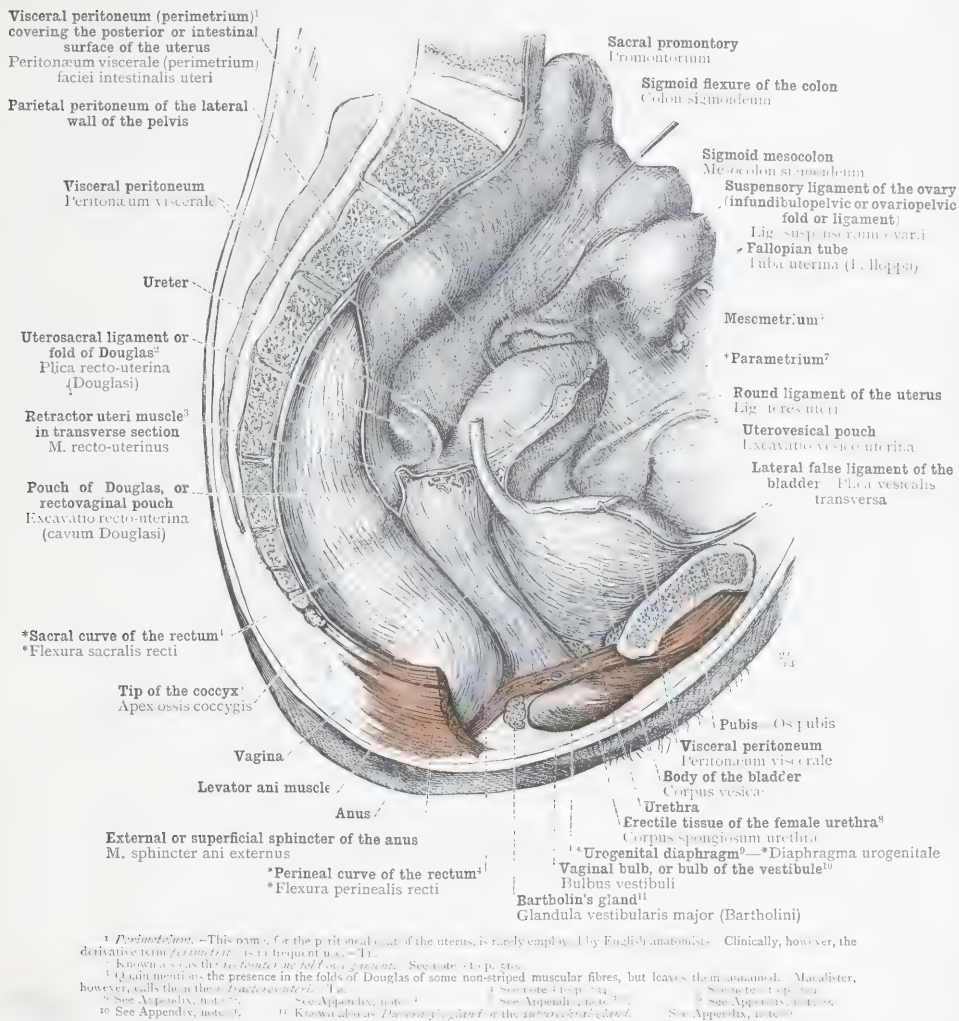
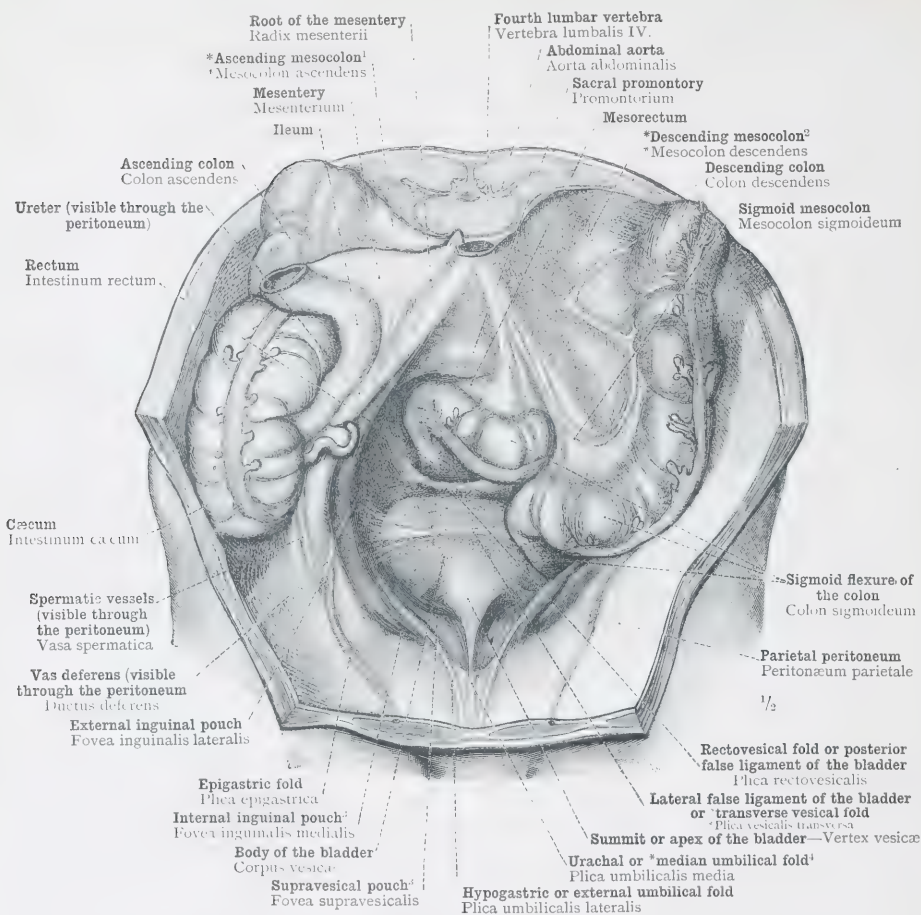


FIG. 927.—POSITION OF THE PELVIC VISCERA IN THE FEMALE, AND THEIR RELATIONS TO THE MUSCLES OF THE PELVIC OUTLET (OR PERINEAL MUSCLES), SHOWN IN THE LEFT HALF OF THE PELVIS, SEEN FROM THE RIGHT SIDE. THE *PARAMETRIUM (see Appendix, note ⁸).

The urinary bladder and the rectum are nearly empty. The sigmoid flexure of the colon has been drawn up out of Douglas's pouch, and the right broad ligament of the uterus, the right Fallopian tube, the right ovary, and the right round ligament of the uterus, have been cut away together by a sagittal section passing close to the body of the uterus. The connexion of the two layers of the broad ligament of the uterus with the parietal peritoneum of the floor of the pelvis is seen, also the reflection of the visceral peritoneum covering the uterus (*perimetrium*—see note ¹ above) on to the wall of the bladder in front and the wall of the rectum behind.



¹ See Appendix, note ².

² See note 1 to p. 4.

³ By some authors the space between the *urachal fold* and the *hypogastric fold* (called here *supravesical pouch*) is named the *internal inguinal pouch*; and the space between the *hypogastric fold* and the *epigastric fold* (called here *internal inguinal pouch*) is named the *transverse inguinal pouch*. The author's common letter is to be preferred.

⁴ Often called the *superior false ligament of the bladder*, and sometimes the *suspensory ligament of the bladder*.

FIG. 928.—VIEW FROM ABOVE AND BEFORE OF THE PELVIC VISCERA OF THE MALE *IN SITU* AND COVERED BY THE PERITONEUM: THE BODY AND THE SUMMIT OR APEX OF THE BLADDER AND THE UPPERMOST PORTION OF THE RECTUM. THE POSITION OF THE CÆCUM AND OF THE SIGMOID FLEXURE OF THE COLON. THE RELATIONS OF THE PERITONEUM IN THE PELVIC CAVITY AND ON THE ADJOINING PORTION OF THE ANTERIOR WALL OF THE ABDOMEN: PLICA UMBILICALIS MEDIA, THE URACHAL OR *MEDIAN UMBILICAL FOLD (see note ⁴ above); PLICA UMBILICALIS LATERALIS, THE HYPOGASTRIC OR *EXTERNAL UMBILICAL FOLD; PLICA VESICALIS TRANSVERSA, THE LATERAL FALSE LIGAMENT OF THE BLADDER OR *TRANSVERSE VESICAL FOLD; PLICA RECTOVESICALIS, THE RECTOVESICAL FOLD OR POSTERIOR FALSE LIGAMENT OF THE BLADDER. THROUGH THE PERITONEUM, THE FOLLOWING STRUCTURES ARE VISIBLE: THE EPIGASTRIC ARTERY, THE URETER, THE VAS DEFERENS, AND THE SPERMATIC VESSELS.

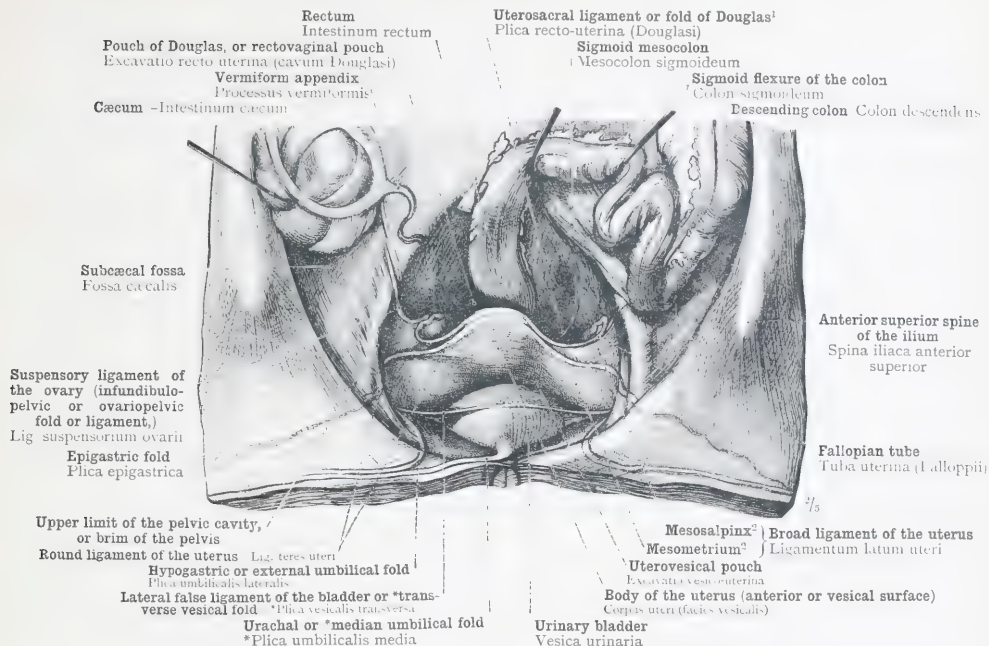


FIG. 929.—PELVIC VISCERA OF A FEMALE AGED TWENTY-NINE YEARS, SEEN FROM ABOVE AND BEFORE.

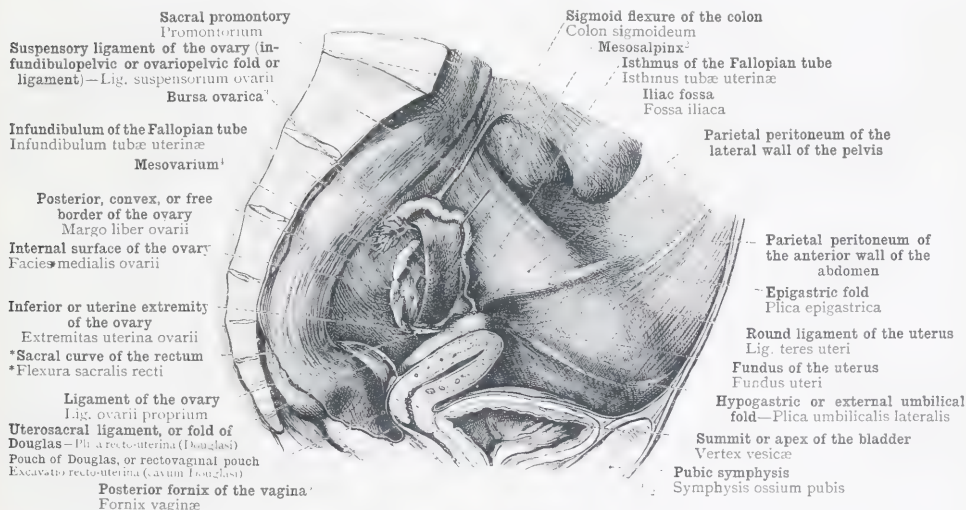


FIG. 930.—POSITION OF THE OVARY IN RELATION TO THE LATERAL WALL OF THE PELVIS. The Fallopian tube has been drawn upwards, and the cavity of the bursa ovarica (see Appendix, note 79) has thus been obliterated.

¹ Known also as the *recto-uterine fold or ligament*. See note 3 to p. 510.² See Appendix, note 1.³ See Appendix, note 2.⁴ See note 4 to p. 534.⁵ See Appendix, note 79.⁶ Often called the *superior false ligament of the bladder*, and sometimes the *suspensory ligament of the bladder*.

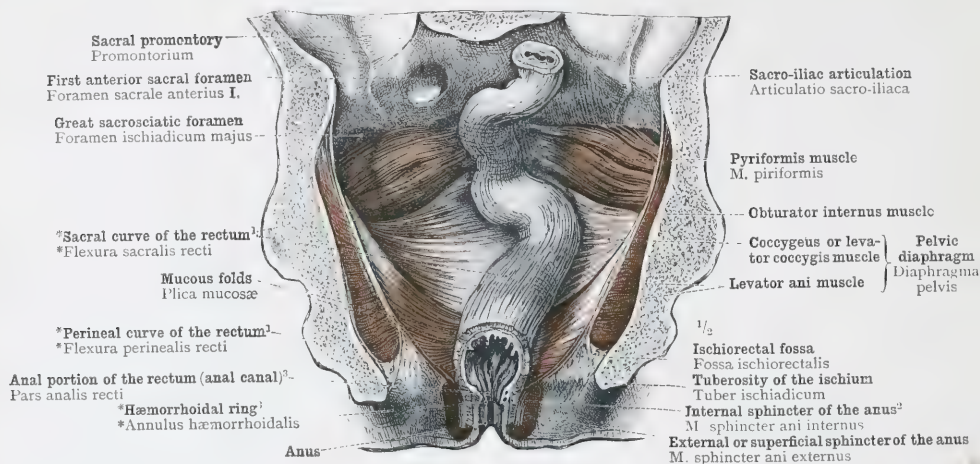


FIG. 931.—POSITION AND FORM OF THE EMPTY AND CONTRACTED RECTUM AS SEEN IN A CORONAL SECTION THROUGH THE PELVIS OF A FROZEN BODY. SEEN FROM BEFORE.

The inferior extremity of the rectum is opened by a section passing obliquely downwards and backwards. After removing the peritoneum and the great vessels, the muscles of the pelvis have been exposed.

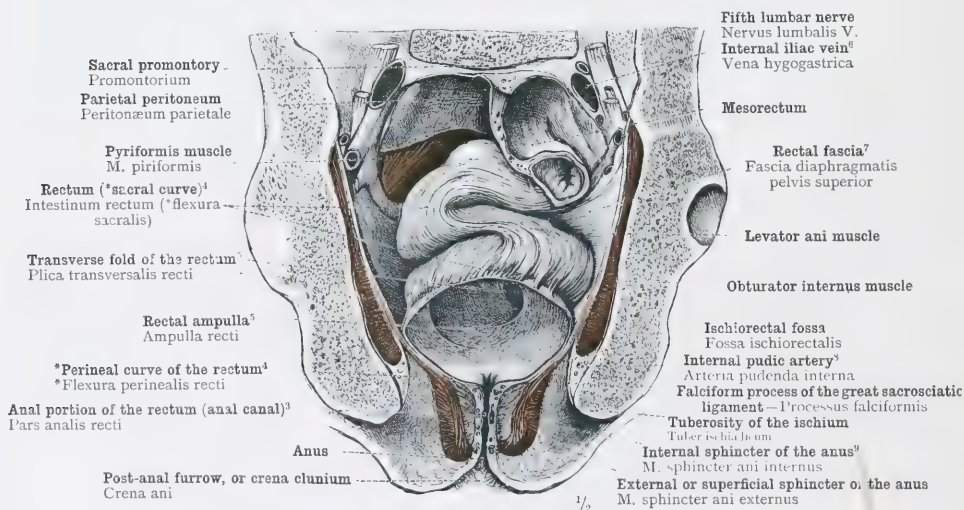


FIG. 932.—POSITION AND FORM OF THE RECTUM WHEN GREATLY DISTENDED WITH FÆCES, AS SEEN IN A CORONAL SECTION THROUGH THE PELVIS OF A FROZEN BODY. SEEN FROM BEFORE.

In the region of the first and second sacral vertebrae, the peritoneum and the mesorectum have been left intact; in the lower part of the pelvis, the pelvic fascia is laid bare. The inferior extremity of the rectum has been opened as in the previous figure.

¹ See note 4 to p. 534.

² See Appendix, note 10.

³ See Appendix, note 10.

⁴ Known also as the *deep or circular sphincter of the anus*.

⁵ See Appendix, note 10.

⁶ Known also as the *deep or circular sphincter of the anus*.

⁷ See Appendix, note 12.

⁸ See Appendix, notes 39, 37, and 100.

⁹ See note 4 to p. 534.

APPENDIX TO PART IV.

NOTES BY TRANSLATOR

¹ *Lingual Duct* (Fig. 675, p. 420).—According to His, the foramen cæcum indicates the position of the epithelial outgrowth from which the middle portion of the thyroid body has been formed. As in course of development the thyroid body becomes more remote from the tongue, a long, slender tube, connecting it with that organ persists, the *thyroglossal duct* or *subtychæal tube*. The upper part of this tube may remain pervious as a canal leading from the foramen cæcum towards the hyoid bone. This is known as the *lingual duct*. (His, "Der Tractus Thyroglossus und seine Beziehungen zum Zungenbein," *Archiv. für Anatomie*, 1891. But see also Kanthack's views in his article on "The Thyreoglossal Duct," *Journal of Anatomy and Physiology*, 1891.)

² *Periglottis* (Fig. 675, p. 420).—This somewhat inappropriate name is given by Macalister to the structure shown in the figure, a tough, elastic, areolar and fatty mass, which intervenes between the front of the epiglottis and the back of the thyrohyoid membrane. It was at one time, but erroneously, called the *epiglottic gland*. The middle portion of the upper border of the periglottis is elastic, and constitutes the *hyo-epiglottic ligament*. Still higher, a median sagittally placed fold attaches it to the base of the tongue, and it is the mucous membrane covering this fold that forms the *median glosso-epiglottic fold*, or *frænum epiglottidis*. (See Fig. 673, p. 419.)

³ *Sublingual Ducts* (Fig. 687, p. 424).—I have preferred in the text the names of *greater sublingual duct* and *lesser sublingual ducts* for the excretory ducts of the sublingual gland, for the reason that the other names used by English anatomists to denote these structures are applied in a somewhat conflicting manner. Quain terms the *lesser ducts*, six to twenty in number, the *ducts of Rivinus*. They open separately in a row along the sublingual fold; the foremost of their number, however, usually terminates in the duct of Wharton. The long slender duct (proceeding, according to Toldt, from the *anterior lobe* of the gland) which runs parallel with the duct of Wharton, called in the text *greater sublingual duct*, may join the duct of Wharton near its anterior extremity, but more commonly has an independent orifice beside that duct on the submaxillary papilla. To this duct Quain gives the name of *duct of Bartholin*. Macalister, on the other hand, calls the lesser ducts the *ducts of Walther*, and to the greater duct (which he describes as proceeding from the *posterior lobe* of the sublingual gland, and therefore nearly an inch in length) he gives the name of *duct of Rivini*. Macalister's authority notwithstanding, this duct is far more often spoken of as the *duct of Bartholin*.

⁴ *Note on the Anatomy of the Lateral Wall of the Nasopharynx* (Fig. 710, p. 435).—"The pharyngeal orifice of the Eustachian tube is bounded in front by a small fold passing to the soft palate, the *salpingopalatine fold*; and below the orifice of the tube is to be seen a more or less prominent swelling over the fibres of the levator palati muscle, the so-called *levator prominence* [or *levator cushion*, according to Quain]. From the lower end of the cushion of the Eustachian orifice [which bounds that orifice above and behind]

a vertical fold of mucous membrane, the *salpingopharyngeal fold*, extends downwards, and is lost below in the lateral wall of the pharynx" (Von Langer and Toldt's "Anatomy," p. 301). "The posterior extremity of the outer wall of the nasal fossæ consists of a shallow vertical furrow, the *posterior nasal sulcus*, immediately behind the posterior extremities of the middle and inferior turbinate bones. This is situated over the hinder part of the vertical plate of the palate bone and the internal pterygoid plate, and represents the *nasopharyngeal meatus* of lower mammals" (*op. cit.*, p. 297). "The part of the inferior meatus which lies behind the incisor canal, together with the space immediately behind the posterior end of the superior and middle turbinals as far back as the orifice of the Eustachian tube, belongs to the primitive buccal cavity of the fetus, having become separated from the permanent mouth by the growth of the palate. It is known as the *nasopharyngeal part* (*ductus nasopharyngeus*), and its mucous membrane is marked off behind from that of the pharynx by a prominence which is termed the *nasopharyngeal fold*" (Quain's "Anatomy," 10th ed., vol. iii., part iii., p. 138).

⁵ (Fig. 711, p. 438.) "Two lateral bands (*ligaments of Helvetius*), mostly of connective tissue, but containing a few muscular fibres belonging to the longitudinal layer, produce the sacculation of the antrum pylori" (Macalister's "Anatomy," pp. 396, 397).

⁶ **Superior and *Inferior Flexure of the Duodenum* (*Ibid.*).—These flexures are not named by Quain or Macalister. The *superior flexure* is between the *superior* and the *descending* portion of the duodenum; and the *inferior flexure* is between the *descending* and the *transverse* portion of the duodenum. (See note ⁷ below.)

⁷ (*Ibid.*) The duodenum was formerly described as consisting of three portions: *first*, or *superior*; *second*, or *middle*; and *third*, or *inferior*. The first two parts of the old description are now usually called *superior* and *descending* portions, respectively; while the third or inferior part of the old description has been divided into two, called respectively *transverse* and *ascending* portions.

⁸ (Fig. 712, p. 438.) Though the author uses the term *valvula pylori*, there is at the pylorus no valve, properly so called, and I have therefore avoided using that term in the translation.

⁹ *Diverticulum Duodenale (Vateri)* (Figs. 718, 719, p. 440).—This so-called diverticulum is a sac-like dilatation of the extremity of the united common bile-duct and pancreatic duct, or duct of Wirsung, as it passes obliquely through the duodenal wall. The dilatation is so frequently met with that it can hardly be regarded as pathological. The vertical fold covering the diverticulum is called by Macalister *caruncula major*, and the smaller vertical fold beneath the orifice of the diverticulum, *frænulum carunculae*. See Macalister, *op. cit.*, pp. 402 and 412, and Quain, *op. cit.*, vol. iii., part iv., p. 142.

¹⁰ (Fig. 719, p. 440.) The author regards the folds in the duodenal diverticulum as valvular in nature, their function being to prevent the entrance of intestinal secretions into the common bile-duct and the pancreatic duct.

¹¹ *Plica Transversalis Recti* (Fig. 736, p. 445).—"When the rectum is empty and contracted, it exhibits numerous folds, most of which are obliterated by distension. Several transverse or oblique folds are, however, of a more permanent character, and have been designated 'valves of the rectum' (Houston) or 'plicæ recti.' One of these, usually the largest, is situated on the right side opposite the reflection of the peritoneum from the rectum to the bladder, and was named by Kohlrausch the *plica transversalis recti*. There are generally two other folds, both on the left side, one about an inch above, the other about the same distance below, the fold on the right side. From the position and projection of these folds they may more or less impede the introduction of instruments. The dilatation of the rectum between the anal canal and the lowest of these folds is called the *rectal ampulla*" (Quain, "Anatomy," 10th ed., vol. iii., part iv., pp. 115, 116). According to Von Langer and Toldt ("Anatomy," 7th ed., pp. 337, 338), the *plica transversalis recti* is on the right and anterior walls of the rectum, about 10 centimetres (4 inches) from the anus (in Fig. 736, 2 inches only). In its substance is the thickening of the circular muscular fibres of the rectum which is known as the *sphincter ani tertius*. According to these authors, *Houston's valves* are prominent only when the rectum is greatly distended, and are obliterated when the organ is quite empty and contracted.

¹² *The Columns of the Rectum, the *Sinuses of the Rectum, and the *Hæmorrhoidal Ring* (Ibid.).—"We have to mention a further peculiarity of the lower end of the rectum, one which marks the transition from the mucous membrane to the skin. There are in this region from five to eight longitudinally disposed elevations of the mucous membrane, the *columnæ rectales* of Morgagni, which widen as they approach the anus. Here their lower ends unite to form a ringed swelling, the *annulus hæmorrhoidalis*, surrounding the gut; and the columns and the ring thus bound a number of depressions or pockets in the mucous membrane, the *sinus rectales*. This portion of the rectum, in the male about 2.6 centimetres (1 inch) in length, but somewhat shorter in the female, is known as the *pars analis recti*, or *anal canal*; while the actual external orifice is termed the *anus*" (Von Langer and Toldt, *op. cit.*, p. 338).

¹³ (Fig. 737, p. 446.) Folds of peritoneum connecting a solid viscus with the abdominal wall are called *ligaments*; those passing from one viscus to another are called *omenta*; but the distinction is not always strictly maintained.

¹⁴ **Fibrous Appendix of the Liver* (Figs. 737, 738, p. 446).—"Attached to the free extremity of the left lobe of the liver there is often a membranous appendix, *appendix fibrosa hepatis*, of variable size, from which the parenchyma of the liver has completely disappeared, only connective tissue and *aberrant vessels* remaining. The disappearance of the parenchymatous tissue in this region can perhaps be explained in the following manner: In the embryo the umbilical veins open into the left portal vein, so that the left lobe of the liver is directly supplied with arterial blood from the placenta, and is thus placed under more favourable nutritive conditions than the right lobe; but this advantage is lost with the cessation of the placental circulation. . . . After the disappearance of the parenchyma, however, the bile-ducts, and the branches of the portal vein and hepatic artery, persist, and all of these structures are included in the term *vasa aberrantia hepatis*" (Von Langer and Toldt's "Anatomy," 7th ed., p. 349). In rare cases there may be a small *accessory liver* in the situation of the fibrous appendix, connected with the left lobe by a fold of peritoneum and a leash of vessels. (See also note ¹⁷ below.)

¹⁵ **Ligament of the Ductus Venosus* (Fig. 738, p. 446).—This is

a fine white cord, the vestige of the obliterated ductus venosus, lying in the *fissure of the ductus venosus* (the posterior portion of the *longitudinal fissure*). It is not usually termed a *ligament* by English anatomists.

¹⁶ *Lobes of the Liver* (Ibid.).—The author enumerates *four lobes only*: *lobus dexter*, right lobe; *lobus sinister*, left lobe; *lobus quadratus*, quadrate lobe; and *lobus caudatus* (*Spigelii*), caudate lobe (of Spigelius): the ridge connecting the *lobus dexter* with the *lobus quadratus* (*Spigeli*), between the *transverse* or *portal fissure* (below), and the lower extremity of the *fissure* or *fossa of the vena cava* (above), he calls the *processus caudatus* (see Fig. 740, p. 447). English anatomists enumerate *five lobes*: the *right*, the *left*, the *quadrate*, the *Spigelian*, and the *caudate*; the three first-named being identical with those of the author; the *Spigelian lobe* corresponding with the author's *lobus caudatus* (*Spigeli*), minus the *processus caudatus*; and this latter being the *caudate lobe* of English anatomists.

¹⁷ *Ponticulus Hepatis* (Ibid.).—The inferior vena cava lies in a deep groove on the posterior surface of the liver, the *fissure* or *fossa of the vena cava*. Passing behind the vessel is a strand of fibrous tissue which forms a bridge connecting the right lobe with the Spigelian lobe. It is called by the author "*ligamentum venæ cavae*, but is known in England as the *ponticulus*. Like the **fibrous appendix of the liver* (see note ¹⁴ above), it is the remains of a rudimentary lobe, and contains *aberrant vessels*. Not very rarely it consists of perfectly formed hepatic tissue, so that the *fissure of the vena cava* is converted into a canal.

¹⁸ (Fig. 747, p. 450.) The *gastrospenic omentum* is connected below with the *great omentum*, and is often regarded as a part of it. With regard to the preference of the name of *omentum* for this structure over the name *ligament*, see Appendix, note ¹³ above.

¹⁹ *Descriptive Anatomy of the Spleen* (Fig. 746, p. 450).—The author enumerates *three surfaces only*: *phrenic*, *renal*, and *gastric*. By some anatomists (e.g., Cunningham) the blunt lower and outer end is regarded as a *fourth surface*, the *basal*. This surface lies against the tail of the pancreas, the splenic flexure of the colon, and the *costocolic ligament* (see note ⁴¹ below). In addition to the *anterior* and *posterior borders*, it is usual in England to speak of the *ridge* just internal to the hilum, which separates the gastric from the renal surface, as the *inner border*.

²⁰ *Duodenal Folds and Fossa* (Fig. 757, p. 454).—Two folds of peritoneum usually pass to the left from the front of the ascending portion (fourth part) of the duodenum: one, the lower, with its free edge directed upwards, from the junction of the transverse with the ascending portion of the duodenum; the other, the higher, with its free edge directed downwards, from the duodenojejunal flexure. These are called by the author the *duodenomesocolic* and *duodenojejunal folds*, but it is perhaps better to use the names *inferior* and *superior duodenal folds*. Between these folds, to the right of the ascending portion of the duodenum, is a recess or fossa, called by the author *recessus duodenojejunalis*, the *duodenojejunal fossa*. The extension of this fossa behind the inferior fold is termed the *inferior duodenal fossa*; the extension behind the superior fold, the *superior duodenal fossa*. The folds and fossæ in this region are, however, somewhat variable in their disposition. (See Quain's "Anatomy," 10th ed., vol. iii., part iv., p. 326.)

²¹ *Peritoneal Fossa* (Ibid.).—Some authors speak of all the peritoneal fossæ as *pouches*—e.g., *duodenojejunal pouch*, *subcecal pouch*. I have not thought it necessary to indicate the alternative name in each individual instance.

²² *Phrenohepatic Fossa* (Fig. 758, p. 454).—"The *phrenohepatic* or *diaphragmaticohepatic fossa* of the peritoneum is occasionally present on the abdominal surface of the diaphragm. It is an

elongated pouch or sinus of varying dimensions, formed by the partial adhesion of the borders of the fibrous appendix of the liver [see note ¹⁴ above] and the left lateral ligament of the liver to the peritoneal investment of the diaphragm" (Von Langer and Toldt's "Anatomy," 7th ed., p. 366).

²³ *Ileocecal Fossa* (Fig. 760, p. 455).—These are two in number, *superior* and *inferior*. The *superior ileocecal fossa* (see Fig. 805, p. 475) is situated in the angle between the ileum and the commencement of the ascending colon; the *inferior ileocecal fossa* is behind and below the junction of the ileum and the cæcum. It may extend upwards behind the ascending colon nearly as high as the right kidney and duodenum. Its mouth looks downwards and is bounded in front by the ileocecal fold (*bloodless fold* of Treves). In Fig. 760 a sound is passed into the mouth of this fossa. By some authors the *superior ileocecal fossa* is termed the *ileocolic fossa*, and in this case the *inferior ileocecal fossa* is called the *ileocecal fossa* without qualification.

²⁴ *Cavum Mediastinale* (Fig. 761, p. 456).—The author divides the mediastinal cavity into two portions only: *cavum mediastinale anterius* and *cavum mediastinale posterius*. English anatomists divide it into four portions: *anterior mediastinum*, *middle mediastinum*, *posterior mediastinum*, and *superior mediastinum*. The English *posterior mediastinum* is nearly identical with the author's *cavum mediastinale posterius*; while his *cavum mediastinale anterius* corresponds, with a slight variation, to the three others combined; the *superior mediastinum* being that portion of the cavity above a plane passing from the lower border of the body of the fourth dorsal vertebra to the superior sternal synchondrosis, and thus including the upper portions of both anterior and posterior divisions of the author; the *anterior mediastinum* being the portion of the cavity below the plane above mentioned and in front of the pericardium; and the *middle mediastinum* being the enlarged central portion of the cavity, containing the pericardium with its contents, the roots of the lungs, and the bronchial lymphatic glands. (See also note ² to p. 410.)

²⁵ (Fig. 765, p. 458.) The *oblique line*, connecting the *superior* and *inferior* tubercles of the thyroid cartilage, is regarded by the author as a variety. Though it varies greatly in prominence, and may be very indistinct, it is seldom entirely absent. Sometimes it is represented by a fibrous band, the *oblique ligament*, stretched between the tubercles. The oblique line or ligament serves for the insertion of the sternothyroid muscle and, for the origin of the sternohyoid and thyropharyngeus muscles.

²⁶ *Arytenoid Cartilage* (Figs. 766 to 768, p. 458).—As several of the terms descriptive of the parts of this cartilage are used neither by Quain nor by Macalister, I quote the following passage from Von Langer and Toldt's "Anatomy," 7th ed., p. 318: "The cartilage consists of an elongated plate, narrowing above to a point, the *apex*, and presenting beneath a thickened, nearly triangular *base*. The anterior border is very sharp, and exhibits just above the middle a small blunt protuberance, the **colliculus*, and at its lower extremity a forwardly directed process for the attachment of the posterior extremity of the vocal cord, hence called the *vocal process*. The concave *articular surface* of the base looks downwards, and exhibits a blunt *muscular process* directed outwards. The *inner surface* is very narrow above, and wider below, where it is continued on to the vocal process. The *outer surface* gives attachment to muscles: it presents two hollows, the upper of which, **fovea triangularis*, is a rounded triangle, embraced by a semicircular lip, the **crista arcuata*, which begins above in the colliculus; while the lower, a rounded rectangle, **fovea oblonga*, runs along the base and on to the muscular

process, and is separated above from the fovea triangularis by the *crista arcuata*."

²⁷ **Corniculopharyngeal Ligament* (Fig. 771, p. 459).—This is a slender strand of fibrous tissue which passes downwards and inwards on each side from the corniculum laryngis or cartilage of Santorini to the mucous membrane of the pharynx. Below these ligaments in the median plane is the **cricopharyngeal ligament*, a flattened band with surfaces laterally directed, attached by its anterior edge to the back of the cricoid cartilage, and by its posterior edge to the mucous membrane of the pharynx. These two ligaments are described neither by Quain nor by Macalister.

²⁸ (Fig. 770, p. 459.) The *corniculo-arytenoid articulation* is usually, as in this instance, a syndesmosis, but is occasionally a synovial joint.

²⁹ (Ibid.) This foramen, when present, transmits an abnormal branch of the superior laryngeal artery.

³⁰ **Conus Elasticus* (Figs. 772, 773, p. 459).—As this term is not found in most English text-books of anatomy, I quote the following description from Von Langer and Toldt's "Anatomy," pp. 320, 321: "The **membrana elastica tracheæ* [the fibro-elastic membrane in which the tracheal cartilages are imbedded] passes upwards into the larynx to form the **membrana elastica laryngis*. First of all it sheathes the inner surface of the cricoid cartilage in its whole extent, but above this it becomes detached from the cartilaginous wall of the larynx, and forms on each side a flat membrane, the only attachments of which to the cartilages are in front to the angle of union of the alæ of the thyroid cartilage, and behind to the vocal processes of the arytenoid cartilage. Thus, the **elastic membrane of the larynx* exhibits two surfaces, converging from each side of the upper border of the cricoid cartilage upwards towards the median plane, and at the level of the vocal processes terminating in two parallel free borders. This arrangement of the elastic membrane is known as the **conus elasticus*, and the somewhat thickened free borders are called **ligamenta vocalia* [the inferior thyro-arytenoid ligaments or ligaments of the true vocal cords]. At this level the **elastic membrane of the larynx* terminates, being replaced above by a thin layer of areolar tissue. That portion of the **elastic cone* which connects the upper border of the front of the cricoid cartilage with the lower border of the front of the thyroid cartilage is seen from the front as a triangular membrane filling in the gap between the two cartilages, and is called the *middle cricothyroid ligament* [middle portion of the cricothyroid membrane]." This description appears alike more intelligible and more accurate than that given in most English text-books, which is to the effect that the vocal cord may be regarded as the upper free edge of the cricothyroid membrane.

³¹ *Mucous Glands of the Larynx* (Figs. 775, 777, p. 460).—The names used by Toldt—*anterior*, *middle*, and *posterior laryngeal glands*—are not commonly employed by English anatomists. The *anterior glands*, situate on the back of the epiglottis, I have called the *post-epiglottic glands*. The *middle glands*, most numerous above, where they form a prominence beneath the mucous membrane of the aryteno-epiglottic fold immediately behind the cartilage of Wrisberg, and a chain running thence downwards and forwards along the false vocal cord, may be best distinguished as the *glands of the aryteno-epiglottic fold*. The *posterior glands* form a mass behind the arytenoid cartilage and beneath the cartilage of Santorini, and may be called *post-arytenoid glands*. All these must be carefully distinguished from the so-called *epiglottic gland* between the anterior surface of the epiglottis, the hyoid bone, and the root of the tongue, which is not a gland at all, but a mass

of yellow fat and fibrous tissue. (See *periglottis* in Fig. 675, p. 420, and note ² above.)

³² *Labium Vocale* (Fig. 779, p. 461).—The true vocal cords, writes Quain ("Anatomy," 10th ed., vol. iii., part iv., p. 155), "are situated at the inner and free edge of a mass of tissue triangular on coronal section [see Fig. 780]. One surface of this mass looks upwards, and forms the floor of the ventricle; another looks downwards and inwards, and bounds the lower division of the laryngeal cavity; while the third is external." This triangular mass constitutes the author's *labium vocale*, or, as it may be called, the **lip of the glottis*, but the term is not current in England.

³³ *Macula Flava, the Cartilage of Luschka* (Fig. 781, p. 461).—"In the anterior part of the vocal cord, near its attachment to the thyroid cartilage, there is a circumscribed mass of dense elastic tissue containing numerous cells. This is visible through the intact mucous membrane as a *yellow spot (macula flava)*, of about the size of a poppy-seed" (Von Langer and Toldt's "Anatomy," 7th ed., p. 323). "A small nodule of elastic cartilage (*cartilage of Luschka*) is found in the anterior and inferior part of the vocal cord" (Quain's "Anatomy," 10th ed., vol. iii., part iii., p. 155).

³⁴ *Tunica Adventitia Pharyngis* (Fig. 791, p. 466).—"The outermost layer of the wall of the pharynx consists of a thin stratum of connective tissue, the *tunica adventitia pharyngis*, which forms a fascial covering for the constrictor muscles of the pharynx, and may be regarded as a continuation of the bucco-pharyngeal fascia. It is of importance for the reason that the primary ramification of the vessels and nerves of the pharynx takes place in its substance. In the middle line behind it is connected with the *raphe of the pharynx*, and above with the *fascia pharyngobasilaris* [the *pharyngeal aponeurosis* of English authors; see pp. 432, 433, and 436] . . . which (with the mucous membrane) alone forms the uppermost portion of the posterior and lateral walls of the pharynx, the muscular coat being here deficient, as the superior constrictor of the pharynx does not extend up to the base of the skull" (Von Langer and Toldt, *op. cit.*, p. 305). The outer fibrous coat of the pharynx thus separates the constrictor muscles from the prevertebral fascia. On either side it is attached to the sheath of the great vessels of the neck. It is most strongly developed behind and (above) at the sides, and this portion is called by Macalister the *post-pharyngeal fascia*, which name I have given in the text as an alternative, the name *adventitious coat of the pharynx* not being used by English anatomists.

³⁵ *Broncho-oesophagus and Pleuro-oesophagus Muscles* (Fig. 799, p. 470).—"The longitudinal fibres of the oesophagus are sometimes joined by a broad band of smooth muscle, passing from the left pleura, and sometimes also by another from the left bronchus. According to Cunningham, the former is almost constantly present, and the latter very frequently" (Quain's "Anatomy," 10th ed., vol. iii., part iv., p. 66).

³⁶ *Supplemental Pleural Spaces* (Ibid.).—The use of the term *sinus* for those regions of the pleural cavity in which two portions of parietal pleura are in apposition appears inappropriate. Quain suggests the preferable name of *supplemental or complementary pleural space*. There are three such regions in which the pleural cavity is unoccupied by lung: the *phrenocostal* (shown in Fig. 799), between the chest wall and the diaphragm, below the inferior border of the lung; the *pericardiosternal* or *costomediastinal* (shown in Figs. 800 and 801, p. 471), between the anterior surface of the pericardium and the posterior surface of the sternum and costal cartilages, internal to the anterior border of the lung, and more extensive on the left side

than on the right; and the *mediastinodiaphragmatic* (Macalister) or *pericardiophrenic*, between the lower margin of the pericardium and the diaphragm.

³⁷ (Ibid.) The *crura* or *pillars* of the diaphragm described by English anatomists are two only in number—a longer *right crus* and a shorter *left crus*. Each of these is composed of all the fibres passing from the right and left sides, respectively, of the bodies of the lumbar vertebrae and the intervertebral discs to the central tendon. Thus, the *crus* of English authors corresponds to the combined *inner crus* and *intermediate crus* of Toldt; while the *outer crus* of the latter is in England not considered to belong to the crural portions of the diaphragm.

³⁸ *Bulb of the Aorta* (Fig. 800, p. 471).—This name is often given to the somewhat enlarged portion of the *ascending aorta* immediately above the aortic valve, which contains the three *sinuses of Valsalva*.

³⁹ *Ascending Mesocolon* (Fig. 805, p. 475).—Fig. 756, on p. 453, shows an abnormal condition of the large intestine in which the posterior layer of the ascending mesocolon has failed to become adherent to the parietal peritoneum, and the ascending colon, like the transverse colon, is freely movable. Normally, however, as shown in Fig. 805, this adhesion takes place, and a strip of the posterior surface of the ascending colon is connected by areolar tissue with the fascia covering the quadratus lumborum muscle, and with the front of the right kidney. To call the adherent layer of peritoneum internal to the ascending colon by the name of *ascending mesocolon* is contrary to English usage. (See also note ¹ to p. 453.)

⁴⁰ **Gastrocolic Ligament* (Fig. 806, p. 476).—This name is given by the author to that part of the *great or gastrocolic omentum* which connects the great curvature of the stomach with the transverse colon.

⁴¹ *Sacculus Lienalis* (Fig. 807, p. 477).—A fold of peritoneum, the *costocolic* or *phrenocolic ligament*, or *pleurocolic fold*, attached externally to the diaphragm opposite the tenth and eleventh ribs, passes horizontally inwards to the splenic flexure of the colon. It has a lunated free border directed forwards. It forms the lower boundary of a hollow containing the spleen; the basal surface of this organ (see note ¹⁹ above) resting upon the ligament as on a shelf (see also Fig. 813, p. 483). Hence this ligament, though not attached to the spleen, is sometimes called *sustentaculum lienis*, while the hollow above is called by the author *sacculus lienalis*—the *splenic pouch*. This must be carefully distinguished from the **splenic fossa of the omental sac*. See Fig. 809, p. 479, and note ⁴⁴ below.

⁴² *Parts of the Small Omentum* (Ibid.).—The small omentum consists of the following portions, enumerated in their position from left to right: (1) a *thick portion (pars condensata omenti minoris)*, passing to the cardia; (2) a *thin portion (pars flaccida omenti minoris)*, passing to the lesser curvature—these form the *gastrohepatic omentum proper*; (3) a *thicker portion* again, passing from the transverse or portal fissure of the liver to the pylorus and the first part of the duodenum, with a free border directed to the right, forming the anterior boundary of the foramen of Winslow, and containing between its layers the hepatic artery, portal vein, common bile-duct, and nerves and lymphatics of the liver (this portion of the small omentum is called by the author the *hepatoduodenal ligament*, but the term is not used by English anatomists). In the specimen shown in Fig. 807 the small omentum extends abnormally far to the left, to form a *hepatocolic ligament or omentum*.

⁴³ *Superior Mediastinum* (Fig. 809, p. 479).—The lower margin of the cut surface of the aorta in this figure is at the

level of the plane separating the *superior mediastinum* of English authors from the three lower divisions of the mediastinal cavity. See note ² to p. 410 and note ²⁴ above.

⁴¹ *Divisions of the Omental Sac* (Ibid.).—"The omental sac is attached to the posterior abdominal wall in the median line in front of the aorta by the root of the mesogastrium. Here also is the boundary of the principal part of the cavity and the orifice giving access from the right to its interior. The boundary is constituted by a fold of peritoneum, the *pancreaticogastric fold*, which extends from the superior border of the pancreas vertically upwards along the line of attachment of the mesogastrium to the cardia of the stomach; between the layers of this fold the coronary artery runs from the celiac axis to the small curvature of the stomach. The pancreaticogastric fold forms the boundary between the principal part of the omental sac and the cavity situated behind the small omentum, and known as the *vestibule of the omental sac*. Regarding that portion of the omental sac which lies behind the stomach as the principal or middle portion of the cavity, we can distinguish three supplementary compartments: the largest of these extends downwards below the stomach between the two layers of the great omentum, and is called *recessus inferior omentalis*, the *inferior fossa of the omental sac*; the second lies behind the gastrosplenic omentum, and is bounded on the left by the hilum of the spleen—this is known as *recessus lienalis*, the *splenic fossa of the omental sac*; the third, finally, stretches upwards, close to the abdominal portion of the oesophagus, and is termed *recessus superior omentalis*, the *superior fossa of the omental sac*" (Von Langer and Toldt's "Anatomy," p. 357). I have given this long extract because the omental sac is not adequately described in Quain's "Anatomy." Macalister, who treats the subject more fully and accurately, describes the omental pouch [sac] as "hour-glass-shaped," and terms the opening between the two sections, bounded behind by the pancreaticogastric fold, the *mesoventral opening*. The part of the sac to the right of this opening, and between it and the foramen of Winslow, he calls the *lesser omental sac*, which comprises the combined superior fossa and vestibule of the omental sac of Toldt. The *splenic fossa of the omental sac* is to be carefully distinguished from the *splenic pouch* of the greater peritoneal cavity, the two being separated by the gastrosplenic omentum. See Fig. 807, p. 477, and note ⁴¹ above.

⁴² (Ibid.) The *gastrosplenic omentum* is connected below with the great omentum, and is often regarded as a part of it. The name "omentum" is to be preferred to "ligament" for this structure (see note ¹³ above).

⁴³ (Fig. 816, p. 486.) The *sternal line* is a vertical line traced on the front of the trunk passing over the sternoclavicular articulation.

⁴⁴ (Ibid.) The *pazasternal line* is a vertical line traced on the front of the trunk midway between the sternal line and the mamillary line.

⁴⁵ (Ibid.) The *mamillary line* is a vertical line traced on the front of the trunk passing through the centre of the nipple or mamilla. "When the mammae are pendulous, the mamillary line may be taken as corresponding to the perpendicular dropped from the middle of the clavicle" (Macalister).

⁴⁶ (Fig. 818, p. 488.) The *axillary line* is a vertical line traced on the side of the trunk passing through the anterior fold of the axilla (Macalister), or through the summit of the axillary fossa (Toldt). It will be seen that the axillary line as defined by Macalister is a little behind the axillary line as defined by Toldt. The latter line is, of course, the one shown in the figure.

⁴⁷ *Calices and Infundibula* (Figs. 823 to 825, p. 491).—Quain

writes: "The pelvis, within the sinus, divides usually into three, but sometimes only two, primary tubular divisions, and these at length end in a larger number of short, truncated, but comparatively wide branches named *calices* or *infundibula*, which receive the papillae into their wide mouths. . . . A single calix often surrounds two, sometimes even three, papillae, which are in that case united together; hence the calices are in general not so numerous as the papillae" ("Anatomy," 10th ed., vol. iii., part iv., p. 193). The author, it will be noticed, calls the primary divisions of the pelvis *calices majores*; the secondary and terminal divisions, *calices minores*. Macalister, whose usage I have followed, discriminates between *infundibula* and *calices*, applying the former name to the primary, the latter to the secondary divisions of the pelvis. Toldt and Macalister alike state that there is a calix for each papilla; but Quain's description is the more accurate. The calices usually number from eight to twelve, the papillae from twelve to twenty.

⁴⁸ *Area Cribrosa* (Fig. 827, p. 492).—"At the summit of each pyramid the *ductus papillares*—the *uriniferous* or *excretory tubules*, or *ducts* of Bellini—five to fifteen in number, open by as many separate orifices. The area of the papilla containing these orifices (*foramina papillaria*), which are almost distinguishable by the naked eye, is known as the **area cribrosa**" (Von Langer and Toldt's "Anatomy," 10th ed., p. 370). A number of the orifices are often aggregated at the bottom of a slight depression near the summit of the papilla. This depression, when present, is termed the *foveola*.

⁴⁹ (Fig. 831, p. 492.) Quain's nomenclature of the surfaces of the suprarenal capsules differs somewhat from that of Toldt. According to the former authority, the *posterior surface* of the *left capsule* "is divided into two parts by a prominent vertical ridge, the area mesial to the ridge looking inwards and backwards and resting upon the left crus of the diaphragm, and the lateral area outwards as well as backwards against the kidney" ("Anatomy," 10th ed., vol. iii., part iv., p. 303). The *mesial* of these two areas is the *facies posterior* of Toldt; the *lateral* is named by him *basis glandulae suprarenalis*. Similarly in the case of the *right capsule*, the *posterior surface*, according to Quain, consists of two areas: one, the upper and larger, in contact with the diaphragm, being identical with the *facies posterior* of Toldt; the other, lower and smaller, in contact with the kidney, called by Toldt the *basis*. This aspect of the right capsule is, however, not shown in the Atlas.

⁵⁰ (Fig. 835, p. 493.) The portion of the uriniferous tubule between the peripheral extremity of Henle's looped tubule and the commencement of the collecting tubule, called in Germany the *Schaltstück* (intermediate portion), "because it is, in a sense, intermediate between the secretory and the excretory portion of the tubule" (Toldt), comprehends the *irregular* or *zigzag tubule*, the *second convoluted tubule*, and the *junctional tubule*, of English authors.

⁵¹ (Ibid.) This comprises the *descending tubule* of Henle, the *loop of Henle*, and the *ascending tubule* of Henle, of English authors.

⁵² (Ibid.) The term *straight tubule*, as used by the author, includes all the tubules forming part of the pyramids and the medullary rays, whether these are *descending* and *ascending tubules* of Henle, *collecting tubules*, or *ducts* of Bellini.

⁵³ *Blood-Supply of the Medulla of the Kidney* (Ibid.).—It will be noticed that I have written "*pseudarteria recta*, or *vasa recta spuria*" as the counterpart in the English nomenclature of the author's "*arteriola recta*." There is, in fact, a conflict of opinion regarding the blood-supply of the medulla of the kidney. In Von Langer and Toldt's "Anatomy," 7th ed., p. 373, we find the following views expressed: "An important problem, with regard to the blood-supply of the kidney, is whether all the blood

circulating in that organ, the medulla as well as the cortex, must necessarily pass through the glomeruli; for if this be so, the nutrition of the medulla is dependent on the vessels of the cortex. It is an established fact that the efferent vessels of the large glomeruli adjacent to the medulla break up into leashes of straight vessels, *arteriola recta*, which are continued into the capillary plexus of the pyramids of Malpighi. The question arises, whether, in addition to these vessels proceeding from the glomeruli, other arterioles, directly derived from the arterial arches, supply this capillary plexus. We may answer with considerable confidence that, even if such a direct arterial blood-supply to the pyramids exists, the blood thus conveyed would be insufficient in quantity, and that the nutrition of the pyramids is, in any case, dependent to a notable extent upon the blood-vessels of the cortex." Quain, on the other hand, writes ("Anatomy," 10th ed., vol. iii., part iv., p. 202): "The efferent vessels from the lowermost glomeruli break up wholly into pencils of straight vessels (*pseudarteria recta*) which pass directly into the boundary layer of the medulla, and there supply the continuation downwards of the medullary rays into the pyramid. . . . With the exception of the blood brought by the false *arteria recta*, the blood-supply of the medulla is to a great extent independent of that of the cortex, although, of course, the capillary network is continuous throughout. The pyramids are chiefly provided with blood by branches which come off directly from the concave side of the arterial arches, and passing down into the boundary layer of the medulla there divide to form bunches or pencils of parallel or slightly diverging minute vessels (*arteria recta*), which, by alternating with the bundles of uriniferous tubules which are passing up to the cortex to form the medullary rays, produce the characteristic streaked appearance of this part of the pyramid." To sum up: In Toldt's view the blood-supply of the medulla is principally dependent on that of the cortex, and the existence of a direct blood-supply to the medulla must even be regarded as doubtful; whereas according to Quain, though the existence of a cortical element in the blood-supply of the medulla (by means of the false *arteria recta*) is admitted to be "an established fact," the direct element in the blood-supply of the medulla (by means of the true *arteria recta*) must be regarded as having considerably greater importance. Other English authorities—Foster, Halliburton, and Macalister—are in agreement on this question with the views of Schäfer and Symington as set forth in Quain's "Anatomy." Foster, indeed, lays especial stress, from the physiological point of view, on the fact that "the blood-supply of the pyramids, consisting chiefly of conducting tubules, is to a very large extent distinct from that of the cortex, where the tubules are chiefly secreting tubules" ("Physiology," 5th ed., p. 665). Macalister calls the true *arteria recta* *recurrent straight branches*, or *vasa recta vera*; and the false *arteria recta* *vasa recta spuria*.

⁵⁷ (Fig. 836, p. 494.) "The *iliacosubfascial fossa* is a roomy recess or pouch of the peritoneum met with as a very rare variety in the inner part of the iliac fossa. When present, it is formed in the following manner: The tendon of the *psaos parvus* muscle, as it passes to its insertion into the iliac fascia covering the iliopsopectineal line and eminence, separates a little from the iliacus muscle, forming a hollow, which extends for a certain distance inwards behind the *psaos magnus* muscle. The parietal peritoneum, as it coats the interior of this hollow, necessarily forms a peritoneal recess or pouch, and this recess, if, as usually when present, it is on the left side, is occupied by the lowermost portion of the descending colon" (Von Langer and Toldt's "Anatomy," 7th ed., p. 366).

⁵⁸ *Cervix or Neck of the Bladder* (Fig. 839, p. 496).—This name is given by English anatomists to that portion of the bladder immediately in front of the base, at the junction of the organ with the urethra. The term is not used by Toldt. Other terms employed by English anatomists and not by the author, in describing the bladder, are given in note ⁶¹ below.

⁵⁹ **Tendinous Arch of the Pelvic Fascia* (Figs. 840, 841, p. 497).—"The origin of the *visceral layer of the pelvic fascia* and of the *rectal and anal fascia* (see note ³⁰⁸ below) from the parietal layer of the pelvic fascia or obturator fascia takes place along a tendinous band that runs across the lateral wall of the pelvis, the *arcus tendineus fasciae pelvis*. This is seen as soon as the parietal peritoneum and the delicate subserous areolar tissue have been removed. It begins in front behind the pubic symphysis, at the level of the inferior pubic or subpubic ligament, runs backwards, crossing the upper part of the levator ani muscle about an inch below the obturator canal, towards the spine of the ischium, and can be traced yet further backwards, though thinner and less defined, on the surface of the coccygeus muscle, and as far as the fourth sacral vertebra. The foremost portion of this tendinous arch, which has a well-defined edge, is called *ligamentum puboprostaticum* (*pubovesicale*) *medium*—the anterior true ligament of the bladder, or puboprostatic ligament; this ligament, with its fellow, bounds a deep hollow behind the symphysis, *fovea pubovesicalis*—the "pubovesical fossa"—at the bottom of which the dorsal vein of the penis is seen entering the pelvis and dividing into two lateral branches. . . . Flattened bands of fibrous tissue, reinforcing the pelvic fascia, and radiating from the tendinous arch upwards near the entrance of the obturator canal (often, however, but slightly developed), receive the name of *ligamentum puboprostaticum* (*pubovesicale*) *laterale*—the lateral true ligament of the bladder" (see Fig. 924, p. 533).—Von Langer and Toldt's "Anatomy," 7th ed., pp. 444, 445. This passage shows that Toldt's *arcus tendineus fasciae pelvis* corresponds with the *white line of the pelvic fascia* of English authors; but also that the former term is used in a more comprehensive sense than the latter.

⁶⁰ *Pubovesical Muscle* (Fig. 840, p. 497).—See Quain's "Anatomy," 10th ed., vol. iii., part iv., p. 213, and Macalister's "Anatomy," p. 447. By the latter authority these unstriated muscular fibres connecting the anterior wall of the bladder with the back of the pubis and with the prostate gland (in the male) are called *pubo-prostaticovesical fibres*.

⁶¹ *Boundaries of the Trigone of the Bladder* (Figs. 842, 843, p. 498).—The base or posterior boundary of the trigone is formed by a curved elevation of varying prominence connecting the summits of the ureteric orifices, and known as *Mercier's bar*; it corresponds in position with a muscular band which joins these orifices to one another and to the neck of the bladder. At its outer extremities *Mercier's bar* is continuous with the *ureteric folds*, above and outside the ureteric orifices; these folds are supposed to act as valves preventing the regurgitation of urine into the urethra. The ureteric folds are continued downwards by the lateral boundaries of the trigone, two faint ridges which converge to the lower extremity of the uvula of the bladder and the back of the urethral orifice. These ridges correspond, like *Mercier's bar*, to muscular bands, which in this case, however, belong to the internal layer of longitudinal fibres, and they are known as *Bell's muscles*. Behind *Mercier's bar* there is often, especially in old age, a depressed area, the *post-trigonal pouch*.

⁶² **Urethral Ring* (Fig. 842, p. 498).—"The internal orifice of the urethra, *orificium urethrae internum*, is seen, in the contracted bladder, to be surrounded by a circular elevation of the mucous

membrane, *annulus urethralis*, dependent on the great development in this region of the circular layer of the muscular coat. When the bladder is greatly distended, the urethral ring is hardly discernible" (Von Langer and Toldt's "Anatomy," 7th ed., p. 376). This is the *sphincter vesicae (internus)* of some authors. Griffiths states there is no thickening of the circular fibres in this situation sufficient to justify the use of the term sphincter ("Observations on the Urinary Bladder and Urethra," *Journal of Anatomy and Physiology*, 1891). These fibres at the base of the prostate are called by Macalister *sphincter vesicae internus* to distinguish them from an envelope of striated muscle fibres surrounding the urethra at the apex of the prostate, and called by Macalister *sphincter vesicae externus*.

⁶³ (Ibid.) Toldt distinguishes the *colliculus seminalis* as the middle thickened section of the *crest of the urethra*, in which the prostatic utricle opens. In England, however, the names *colliculus seminalis*, *verumontanum*, and *caput gallinaginis*, are commonly employed as alternative names for the whole length of the *crest of the urethra*.

⁶⁴ (Ibid.) Known also as the *prostatic sinus*, *prostatic vesicle*, *sinus prostaticus*, and *arteria masculina*.

⁶⁵ *Crest of the Female Urethra* (Fig. 843, p. 498).—"The mucous membrane of the female urethra exhibits in the median line of the posterior wall a longitudinal prominence, *crista urethralis*, which can be traced from the internal to the external orifice" (Von Langer and Toldt's "Anatomy," 7th ed., p. 409). This is the most prominent of several longitudinal folds in the female urethra. It is mentioned by Quain and Macalister, but not named.

⁶⁶ (Fig. 845, p. 500.) Known also as *Duvernoy's gland*, or the *suburethral gland*. The latter name, though suitably applied to Cowper's gland, is given to Bartholin's gland only on the ground of its homology with Cowper's gland.

⁶⁷ *Os Uteri Externum* (Ibid.).—This is commonly spoken of by clinicians as the *os uteri*, without qualification, though the word *externum* is properly added to distinguish it from the *os uteri internum*. The external os was in former times called the *os tincae*, from its supposed resemblance to the mouth of a tench.

⁶⁸ *Fascial Coverings of the Testicle and Spermatic Cord* (Figs. 846, 847, p. 501).—The names given to these are various and conflicting. According to the best-established nomenclature of English anatomists, the covering derived from the intercolumnar fibres of the external oblique muscle of the abdomen is called the *intercolumnar* or *spermatic fascia*. Next within this comes the cremaster muscle and the aponeurotic layer connecting its fibres, to which, considered as a whole, Quain gives the name of *cremasteric fascia*. Thirdly, within this, we come to the covering derived from the transversalis fascia, and generally known in England as the *infundibuliform fascia*. But the divergencies from the nomenclature just given are manifold. Taking Toldt first, we find he gives the name of *fascia cremasterica* (Cooper) to the *intercolumnar* or *spermatic fascia* of English anatomists; and the name of *tunica vaginalis communis testis et funiculi spermatici* to the *infundibuliform fascia* of English anatomists. (In England the use of the term *tunica vaginalis* is entirely restricted to the serous sac of the testicle.) Macalister further complicates the use of the term *cremasteric* by describing as the *tunica cremasterica*, all three of the fascial layers enumerated at the beginning of this note, "which are so closely united as to be with difficulty separable from each other." It will be noted that Toldt appends the name of Astley Cooper to the layer he terms "cremasteric," but this is a further divergence from English usage. By the term *fascia propria* of Astley Cooper we denote, in England, the penulti-

mate covering of an oblique inguinal hernia, that next to the peritoneum, which consists of the combined infundibuliform fascia and the subserous areolar tissue between that fascia and the peritoneum. As a final alternative in the nomenclature of the fascial layers in this region, I give that of Young (U.S.), who enumerates the coverings of the cord as consisting of (1) *external spermatic* or *intercolumnar fascia*, (2) *cremaster muscle*, and (3) *internal spermatic fascia* or *fascia propria*. From this medley, the student will do well to select and impress on his memory the distinctive names of *intercolumnar fascia*, *cremasteric fascia*, and *infundibuliform fascia*.

⁶⁹ *Hydatids of Morgagni* (Fig. 848, p. 502).—"On the upper extremity of the testis and beneath the head or globus major of the epididymis is situated a hemispherical body of varying size, consisting of delicate and very vascular connective tissue, and often containing the remnant of a duct. This is known as the *sessile hydatid of Morgagni*, or *appendix testis* (Morgagni), and is the rudiment of the cephalic extremity of the fetal Müllerian duct. Similar but smaller stalked bodies are frequently met with on the head or globus major of the epididymis, and are termed *pedunculated hydatids*, *appendices epididymidis*" (Von Langer and Toldt's "Anatomy," pp. 383, 384). The terms *sessile* and *pedunculated hydatid* are employed by Macalister, but not by Quain; the latter authority uses *appendix of the testicle* as an alternative name for the (*sessile*) *hydatid of Morgagni*. Some authorities call it *corpus Morgagni*. For the development of these structures from Müller's duct, see Figs. 896, 897, p. 520.

⁷⁰ *Ligaments of the Epididymis* (Fig. 849, p. 502).—The epididymis is attached to the posterior border of the testicle (1) by the efferent ducts passing from the gland to the head or globus major of the epididymis; (2) by a duplicature of the tunica vaginalis containing numerous bloodvessels passing between the testicle and the posterior border of the epididymis; (3) within the digital fossa (*sinus epididymidis*) are two strands of fibrous tissue covered by reflections of the tunica vaginalis connecting the upper and lower ends respectively of the body of the epididymis with the testicle. It is these last that are called by the author *superior* and *inferior ligaments of the epididymis*. The names are not used by Quain or Macalister.

⁷¹ *Vas Aberrans* (Fig. 851, p. 502).—"The so-called *ductulus aberrans* is a tube with a blind termination, which opens by its proximal extremity into the canal of the epididymis near the tail of that organ. Coiled tightly, it forms a small lobe not attached to the testicle proper; but occasionally also it is seen as a straight tube of varying length. It is a glandular canal, and represents that part of the Wolffian body which was not used up in the formation of the head or globus major of the epididymis. A similar canal, *ductulus aberrans superior*, is sometimes met with attached to the head or globus major of the epididymis. This, however, is attached to the testicle, and is merely an efferent duct which has become strictured off from the canal of the epididymis, and has thus lost its connexion with the head of that organ" (Von Langer and Toldt's "Anatomy," 7th ed., p. 383).

⁷² *Lobes or Lobules of the Epididymis* (Fig. 854, p. 503).—Toldt by this term denotes the coils of the various efferent ducts of the testicle. These, however, form the *coni vasculosi* of English anatomists, who use the term *lobes of the epididymis* to denote the larger masses of the coiled canal of the *epididymis*, these lobes or masses being separated by incomplete transverse fibrous partitions.

⁷³ *Middle Lobe or Isthmus of the Prostate Gland* (Fig. 858, p. 504).—This is that portion of the prostate gland lying between the

ejaculatory ducts and the neck of the bladder; its forward projection lies beneath the uvula of the bladder. The term *isthmus*, though not commonly employed in England, is preferable to *middle lobe*, for it is only in pathological senile enlargement of the prostate that the organ becomes distinctly trilobate. The middle lobe of the prostate gland is sometimes also known as *II. mæ's l. l.*

⁷⁴ (Fig. 861, p. 505.) The outer fibrous coat of the prostate gland is derived in part from the visceral layer of the pelvic fascia and the deep layer of the triangular ligament of the urethra, and in part from a dense but thin fibrous layer peculiar to the prostate beneath the outer fascial investment. To the compound fibrous coat thus formed Macalister gives the name of *pelviprostatic capsule*, expressing its joint origin. The *prostatic plexus of veins* ramifies between the two layers of this capsule; and immediately beneath the inner layer is the external layer of unstriated muscular fibres to which Toldt gives the name of *musculus prostaticus*.

⁷⁵ *Divisions of the Cervix* (Fig. 873, p. 511).—Most authorities are in agreement with the author in his division of the cervix uteri into two parts only—*vaginal* and *supravaginal*. Schroeder, however, speaks of three portions—*infravaginal*, *intermediate*, and *supravaginal*. (See Hart and Barbour's "Gynecology," 3rd ed., [1] 110, 17.)

⁷⁶ (Figs. 873, 874, p. 511.) The *mesovarium*, or *mesentery of the ovary*, is the bilaminar fold of peritoneum by which the ovary is attached to the broad ligament of the uterus. (See also note ⁸² below.)

⁷⁷ *Position of the Ovary* (Fig. 873, p. 511).—Owing to the manner in which the broad ligament has been drawn out to its full length, the ovary has been pulled into a horizontal position, differing from that it normally occupies in the body, in which, according to some authorities, its long axis is oblique, according to others, vertical. Hence *in situ* the tubal extremity becomes *superior*; the uterine extremity, *inferior*; and the surfaces, here represented as directed upwards and downwards, become *external* and *internal*.

⁷⁸ *Vaginal Fornix* (Figs. 873, 874, p. 511). This is the upper portion of the vagina, surrounding the vaginal portion of the cervix. Most English anatomists, however, speak, not of the vaginal fornix as a whole, but of its four parts: *anterior fornix*, *posterior fornix*, and *right and left lateral fornices*.

⁷⁹ *Bursa Ovarica* (Fig. 874, p. 511).—This term is not used by Quain. Macalister describes it as a pouch at the back of the broad ligament of the uterus in which the ovary lies, between the *ovario-pelvic ligament* (*ligamentum suspensorium ovarii*, according to Toldt's nomenclature—see also note ⁸, p. 511) and the rest of the broad ligament. The *ovarian bursa* must be distinguished from the *ovarian fossa* or *fovea* (*fossa ovarii*, Quain), which is a recess in the parietal peritoneum on the lateral wall of the pelvis, corresponding to the external surface of the ovary, and situated between the external and internal iliac arteries in front of the sacro-iliac articulation; the ovarian fossa is often bounded behind and below by the ureter.

⁸⁰ (Fig. 875, p. 512.) Owing to the irregular, torn appearance of the *fimbriated extremity* of the Fallopian tube, surrounding the abdominal orifice, this orifice was by ancient anatomists named *morsus diaboli*.

⁸¹ (Ibid.) English anatomists usually speak of separate *uterine* and *vaginal* venous plexuses. These, of course, communicate somewhat freely; but on the whole the venous blood from the body of the uterus passes by means of the uterine plexus to the ovarian or pampiniform plexus and the inferior vena cava,

that from the neck of the uterus and the vagina by means of the vaginal plexus to the internal iliac vein.

⁸² *Mesometrium*, *Mesovarium*, and *Mesosalphinx* (Figs. 875, 876, p. 512).—As these terms are not employed by all English authorities, I append a description from Von Langer and Toldt's "Anatomy," 7th ed., p. 401: "That portion of the broad ligament of the uterus which passes to the lateral wall of the pelvis, there to become continuous with the parietal layer of the peritoneum, conveys the vessels and nerves and the round ligament to the uterus, and is therefore called the *mesentery of the uterus* or *mesometrium*; that part of the broad ligament which lies between the ligament of the ovary and the Fallopian tube, sometimes rising above the plain of the pelvic inlet, and terminating laterally in a free border (the *infundibulo-ovarian border*) is the *mesentery of the Fallopian tube*, or *mesosalphinx*; and from this there branches off backwards the short *mesentery of the ovary*, or *mesovarium*." (See Fig. 876.)

⁸³ *Corpus Albicans* (Fig. 876, p. 512).—This name is given to the white, stellate mass of scar tissue into which the *corpus luteum* is ultimately transformed.

⁸⁴ *Parametrium* (Fig. 881, p. 513).—This name was first given by Virchow (*Archives*, No. xxiii.) to that part of the subserous connective tissue of the pelvis, abundantly supplied with blood-vessels and lymphatics, that lies beside the cervix and the upper part of the vagina, and between the layers of the broad ligament of the uterus at its lower and inner part. The term *parametrium* is rather a clinical than an anatomical one, and since, as Spiegelberg points out ("Midwifery," Eng. ed., vol. i, p. 43), the name conveys the idea of a definite organ, whilst there is no line of demarcation between the parametric and the paravaginal, paravesical, and pararectal tissue, the name *parametric connective tissue* is to be preferred.

⁸⁵ (Ibid.) The *anal fascia* is continued in front into what is called (in the male) the *deep* or *superior layer* of the *triangular ligament of the urethra*, and by Macalister called the *subpubic fascia*. The name *anal fascia* is limited to that part which forms the inner wall of the ischio-rectal fossa.

⁸⁶ *Rectal Fascia* (Ibid.).—This appears to be the most suitable English equivalent for the author's *fascia diaphragmatis pelvis superior*, the fascia covering the upper surface of the levator ani muscle.

⁸⁷ *Pelvic Diaphragm* (Ibid.).—In this the author includes, in addition to the *coccygeus* or *levator coccygis* and levator ani muscles, the *superior* and *inferior fasciæ of the pelvic diaphragm*—i.e., the *rectal* and *anal fasciæ* of English anatomists. (See also notes ⁸³ and ⁸⁶.)

⁸⁸ (Fig. 883, p. 514.) *Skene's tubules* (*ductus para-urethrales*) are two canals running parallel with the female urethra on either side, beneath the mucous membrane and embedded in the muscular coat. They open either just within or just without the urethral orifice (within, probably, in the virgin, and without, in the multipara, in whom slight eversion of the urethral orifice is almost constant). Their diameter is about 1 millimetre ($\frac{1}{16}$ inch), and their length from $\frac{1}{4}$ to 3 centimetres ($\frac{1}{2}$ inch to $\frac{3}{4}$ inches), but they never extend beyond the internal orifice of the urethra. Though not distinctly glandular in character, they are often called *Skene's glands*. They were first described by Skene in the *American Journal of Obstetrics* for April, 1880. A third tubule, *Schüller's tubule*, is occasionally present in the middle line behind, midway between Skene's tubules.

⁸⁹ *Vestibule* (Ibid.).—Toldt includes in this the space at the sides of the vaginal orifice within the edges of the labia minora, as well as the space in front of that orifice. As defined by English anatomists, however, the *vestibule* is the triangular space of which

the clitoris forms the apex, the labia minora the sides, and a transverse line through the front of the vaginal orifice the base.

⁵⁰ *Fossa Navicularis* (Ibid.).—Macalister stands alone in applying this term to the space behind the fourchette, between that fold and the posterior commissure of the vulva. By all other authorities the fossa navicularis is defined as the space in front of the fourchette, between it and the posterior margin of the vaginal orifice.

⁵¹ *Bulbus Vestibuli* (Figs. 884, 885, p. 515).—Though this mass of erectile tissue is commonly known in England as the *bulb of the vestibule*, the use of this term is altogether inconsistent, since it is only the partially detached anterior portion (*pars intermedia* of Kobelt) that lies in the region of the vestibule as defined by English anatomists (see note ⁵⁰ above). Hence the alternative name of *vaginal bulb* is to be preferred.

⁵² (Fig. 884, p. 515.) *This venous plexus* is the lower part of the vaginal plexus, which communicates freely behind with the lower part of the hæmorrhoidal plexus.

⁵³ *Marginal Lip of the Cloaca* (Fig. 895, p. 520).—The name of *cutaneous fold* or *greater cutaneous fold* is sometimes given to this structure, which forms the scrotum in the male and the labia majora in the female. To avoid confusion, however, it is better to speak of it as the *marginal lip*, and to reserve the name *fold* for the *genital folds* (see Figs. 908-911, p. 524), which develop on each side within the marginal lip, and form in the male (by their fusion in the median line) the floor of the penile urethra, in the female the labia minora or nymphæ.

⁵⁴ *Cloaca* (Ibid.).—We must distinguish between the *cloaca*, which is the cavity formed by the united distal extremities of the alimentary and urogenital canals, and the *cloacal orifice*, by which the cloaca opens externally.

⁵⁵ *Ligaments of the Wolffian Body* (Figs. 898 and 899, p. 521).—A strand of fibrous tissue mixed with involuntary muscular fibres is attached to each end of the Wolffian body, the upper passing to the diaphragm, the lower to the groin. These are called *superior* and *inferior*, or *diaphragmatic* and *inguinal ligaments of the Wolffian body*; the inferior or inguinal ligament in England is, however, usually known as the *plica gubernatrix*. As the Wolffian body becomes atrophied, the superior or diaphragmatic ligament disappears; but concurrently with the development of the genital or reproductive gland, in the female into the ovary, in the male into the testis, the plica gubernatrix becomes in the former the *round ligament of the uterus*, in the latter the *gubernaculum testis*.

⁵⁶ *Genital Cord* (Fig. 899, p. 521).—Behind the stalk of the allantois (subsequently the base of the bladder) the Wolffian ducts are closely approximated to one another before opening into the urogenital sinus (the ventral segment of the cloaca). Between and somewhat behind them lie the uniting lower extremities of the Müllerian ducts. The ducts are all embedded in a mass of connective tissue, and to the whole structure thus formed is given the name of *genital cord*.

⁵⁷ (Fig. 919, p. 530.) *The rectococcygeus muscles* are bands of unstriated but reddish muscular tissue which passes backwards on each side of the rectum. Both Quain and Macalister describe these bands as attached behind to the front of the second and third pieces of the coccyx; but as Toldt points out, and Fig. 919 shows, the actual muscular tissue does not extend so far back as this, and the attachment to the coccyx is through the intermediation of the aponeurosis of the pubic part of the levator ani muscle.

⁵⁸ **Tendinous Arch of the Levator Ani Muscle* (Ibid.).—"The levator ani muscle arises for the most part from a tendinous arch in the obturator fascia, *arcus tendineus musculi levatoris ani*,

which can be traced from the ischial spine to near the obturator canal" (Von Langer and Toldt's "Anatomy," 7th ed., p. 438).

⁵⁹ *Diaphragma Urogenitale* (Figs. 920 and 921, p. 531).—The author's application of the term *pelvic diaphragm* has been explained in note ⁵⁷ above. In that structure there are two apertures—a circular one in the centre for the rectum, and a triangular one anteriorly for the urogenital canal (see Fig. 918, p. 530). The triangular space between the inferior or descending rami of the pubes is, however, too large to be completely filled in by the urogenital canal, and it is occupied by a musculo-fibrous plate bearing the same relation to that canal that the pelvic diaphragm bears to the rectum, and called by the author the *urogenital diaphragm*. The muscular portion of this diaphragm is by the author named *musculus transversus perinei profundus*, and in England *constrictor* or *compressor urethrae*. Its superficial and deep surfaces are covered by fascial layers which, like the muscle, are triangular in shape, with a truncated apex anteriorly and a free base posteriorly; these constitute the bilaminar *triangular ligament of the urethra* of English authors. The *superficial* layer of this ligament, called also *anterior* or *inferior* layer, is the author's *fascia diaphragmatis urogenitalis inferior*; it is continuous around the posterior margin of the (superficial) transverse perineal muscle with Colles's fascia, combining with that fascia to enclose a space in which lies the root of the penis and its accompanying muscles; it thus belongs to the extrapelvic system of fasciæ. The *deep* layer of the triangular ligament of the urethra, called also *posterior* or *superior* layer, is the author's *fascia diaphragmatis urogenitalis superior*; though connected around the posterior margin of the compressor urethrae with the superficial layer of the ligament, it belongs to the intrapelvic system of fasciæ; traced backwards it is seen to be a forward continuation of the *anal fascia*; laterally it joins the obturator fascia. The triangular ligament as a whole is sometimes called the *deep perineal fascia*, but this name should be avoided, having been applied also to Colles's fascia. The name of *subpubic fascia* may also give rise to confusion, being applied by Macalister to the deep layer only of the triangular ligament, but by Quain to that structure in its entirety. The triangular ligament exists also in the female, and between its layers lies the *constrictor urethrae* or *transversus perinei profundus* muscle, but the **urogenital diaphragm* thus formed is almost completely divided by the vagina and the urethra into lateral halves (see Fig. 921, p. 531).

¹⁰⁰ *Transverse Ligament of the Pelvis* (Ibid.).—This occupies the subpubic angle adjacent to the truncated apex of the triangular ligament of the urethra, on a plane between that of the two layers of that ligament. Between the transverse ligament of the pelvis and the inferior pubic or subpubic ligament (*ligamentum arcuatum pubis*, according to Toldt) which occupies the apex of the subpubic angle are three foramina: a central foramen for the dorsal vein of the penis or clitoris, and lateral foramina for the dorsal artery and nerve of the penis or clitoris (see Figs. 920 and 921, p. 531, and also Part II., Fig. 456, p. 220, and Figs. 458 and 459, p. 221).

¹⁰¹ *Transversus Perinei Profundus* (Ibid.).—This name is here applied to the whole triangular mass of muscle between the layers of the triangular ligament, not merely, as is sometimes the case in English works on anatomy, to the posterior strand of transverse fibres only. Other names have been applied, especially by Guthrie and by Wilson, to different strands of fibres, which they described as distinct muscles, but later English authorities agree with Von Langer and Toldt in regarding this separation as purely artificial. In the female, owing to the greater width of the subpubic angle, the muscle is wider than

in the male, and the name *transversus perinei profundus* is obviously preferable to that of constrictor urethrae. (See Fig. 921.)

¹⁰² *Internal Pudic Artery and Vein* (Figs. 922 and 923, p. 532).—Macaalister calls these vessels *pudic* without qualification. Usually, however, they are known as *internal pudic*, to distinguish them from the *external pudic* branches (*superior* and *inferior*) of the femoral vessels. Macaalister calls these latter the *pudic* vessels. (See also note ¹¹⁶ below.)

¹⁰³ (Fig. 922, p. 532.) Though the author calls this the *divided edge of the obturator fascia*, it is, rather, the junction of the lower edge of this fascia with the lateral margins of the deep layer of the triangular ligament, the latter having been dissected off the upper surface of the transversus perinei profundus muscle. (See also notes ⁹⁹ and ¹⁰¹ above.)

¹⁰⁴ *M. Sphincter Urethrae Membranacea* (Ibid.).—The muscle called by the author the *sphincter of the membranous urethra* consists merely of the circular fibres of the transversus perinei profundus muscle (see note ¹⁰² above) immediately surrounding the membranous part of the urethra.

¹⁰⁵ **Pudendal Venous Plexus* (Fig. 923, p. 532).—This term is not employed by English anatomists. Von Langer and Toldt ("Anatomy," 7th ed., p. 550) write: "The *pudendal plexus* receives beneath the symphysis the dorsal vein of the penis or clitoris, and, running back beside the base of the bladder and in the female beside the vagina, receives in both sexes the blood from the vesical plexus, and in the female also the blood from the uterine and vaginal plexuses. The pudendal plexus opens by several large vessels into the internal iliac vein." From this account it is evident that the pudendal plexus of these authors is made up of veins belonging in the male to the prostatic and vesical plexuses, and in the female to the vesical, vaginal and uterine plexuses, of English anatomists.

¹⁰⁶ *Fascia Endopelvina* (Ibid.).—Von Langer and Toldt's "Anatomy," 7th ed., p. 444: "The *visceral layer of the pelvic fascia* is exposed by the removal of the peritoneum and the subserous areolar tissue from the parietes of the bladder and the rectum. It is given off along the *white line of the pelvic fascia* [see note ⁹⁹ above] from the *parietal layer* of that fascia (*obturator fascia*), and, reaching the bladder, gives a complete fibrous investment to its anterior and lateral surfaces. Along the white line, the visceral layer is connected with the rectal fascia (*fascia diaphragmatis pelvis superior*), but as they pass inwards the two layers separate, the rectal fascia, following the levator ani, the upper surface of which it covers, dips deeply into the pelvis, whilst the visceral layer stretches transversely across to the bladder. Thus, between the rectal fascia and the visceral layer there exists on each side of the bladder a space, the *perivesical space*, in which, in addition to the ureter, the nerves of the bladder and the vesical plexus are enclosed. Behind the bladder, the visceral layer of the pelvic fascia assists in forming the pelviprostatic capsule or prostatic fascia [see note ⁷⁴ above], and furnishes a delicate fibrous investment for the rectum."

I quote this passage in order to indicate clearly the significance attached in this work to the names given to the different parts of the pelvic fascia. Three layers pass inwards from the parietal layer of the pelvic fascia: the lowest of these, the *anal fascia*, covers the perineal surface of the levator ani; the next layer, the *rectal fascia*, covers the pelvic surface of that muscle: these correspond with the *superior* and *inferior fasciae of the pelvic diaphragm* in the author's nomenclature. The uppermost layer is that described in the above extract as the *visceral layer of the pelvic fascia*. The relative positions of the three layers are well shown in Fig. 923. It will be noticed that I have avoided the use of the term *rectovesical fascia*, which is in England applied, sometimes to all three of the layers just enumerated, sometimes to one or two of them separately considered, and this gives rise to much confusion. The complexity that is apt to surround the description of the pelvic fascia is also, doubtless, in part dependent on the fact that, as Macaalister says, "much of the definiteness of these layers in the adult is created by the knife and forceps" ("Anatomy," p. 446).

¹⁰⁷ *Hypogastric Artery* (Fig. 924, p. 533).—In the German anatomical nomenclature, the *common iliac* is said to divide into the *external iliac* and the *hypogastric arteries*. In England, however, the name *hypogastric artery* is given to that branch of the *internal iliac artery* which at the navel becomes the *umbilical artery*. When the placental circulation ceases, it is obliterated, and is represented in the adult by a fibrous cord.

¹⁰⁸ **Corpus Spongiosum Urethrae* (Fig. 927, p. 535).—This term, as applied to the female urethra, is not found in any works on anatomy to which I have access, not even in Von Langer and Toldt's "Anatomy." Quain (*op. cit.*, vol. iii., part iv., p. 258) writes: "Outside the submucous areolar tissue of the female urethra, there is a highly vascular structure, in which are many large veins"; and according to Macaalister (*op. cit.*, p. 454): "Outside the mucosa [of the female urethra] is an elastic vascular submucosa covered by an imperfect erectile lamella. The use of the name *corpus spongiosum urethrae* for this erectile tissue is to be deprecated, suggesting as it does homology with the corpus spongiosum urethrae of the male. The counterparts of this structure in the female are the *vaginal bulbs* and the *partes intermediae* of Kobelt. (See Figs. 884 and 885, p. 515, and note ⁹¹ above.)

¹⁰⁹ *Rectal Ampulla* (Fig. 932, p. 538).—This is the portion of the rectum, usually dilated, situate immediately above the *anal canal*. According to Macaalister, the upper boundary of the *ampulla* is the lowest of *Houston's valves*; according to Quain, however, the middle one of these three folds (the *plica transversalis recti* of Kohlrusch—see note ¹¹ above). The *rectal ampulla* is sometimes known as the *ampulla analis recti*.

¹¹⁰ (Ibid.) The *pudic vessels* run in a canal formed by the obturator fascia, shown here (and also in Fig. 922, p. 532) in cross-section, and known as *Alcock's canal*. For the nomenclature of these vessels see note ¹⁰² above.

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Certain names in this Index have an asterisk (*) prefixed; these, as more fully explained in the Translator's Preface, designate those that form part of the English nomenclature used in this work, but which are not commonly employed by English anatomists. Other names, marked by a † prefixed, those are Latin names used by the author in the original work, but not included in the official nomenclature of the Anatomical Society. Abbreviations, Appendix.

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ERRATUM

In the letterpress of Fig. 797, p. 468, right-hand column, "Rudiment of the uterus" is a misprint for "Rudiment of the ureter."—Tr.

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